



Appendix G
PHYSICIAN'S EVALUATION OF INFECTIOUS EXPOSURE INCIDENT
(Example of Evaluation Evaluations are Recorded in OHM Encounter)

I have evaluated _____ for possible complications from a recent Exposed Person's Name exposure to bloodborne pathogens. I have received the materials provided to me by the University, and I have interviewed: _____ Exposed Person's Name.

I have discussed the possibility of various medical conditions from exposure to blood, body fluids or other potentially infectious materials with the person named above.

- 1. The person named above is capable of receiving the Hepatitis B vaccination: Yes () No ()
- 2. The person named above has already received the Hepatitis B vaccination: Yes () No ()
- 3. The person named above is immune to Hepatitis B: Yes () No ()
- 4. The person named above should receive a Hepatitis B vaccination, as a result of this injury: Yes () No () ***(NOT REQUIRED AS ABOVE NAMED PERSON HAS ALREADY DEMONSTRATED IMMUNITY).***

ANY AND ALL OTHER FINDINGS SHALL BE KEPT IN THE STRICTEST CONFIDENCE.

Comments

PHYSICIANS NAME (PRINT)

PHYSICIAN'S SIGNATURE

DATE