Appendix F

MEDICALSURVEILLANCE FORM FOR PHYSICIANS

(Example of Evaluation Evaluations are Recorded in OHM Encounter)

Name:_____ NDID#: _____

Job Title:_____ Date of Exposure: _____

Job Risks: _____

Last Tetanus Booster:_____

Hepatitis Vaccination Series Completed? Yes No

HBV Immune Status: Immune_____Not Immune_____

Previous Exposure to Hepatitis? Yes No

Type of Exposure:

Needle Stick? Yes No

If Yes, Which Body Parts _____

Blood Splash? Yes No

If Yes, Which Body Parts _____

Contact to Bare Skin with Blood or Body Fluids? Yes No

If Yes, Specify Blood or Bodily Fluid _____

Condition of Skin: _____

_____

Other Medical Information: _____

_____

Source of Exposure Known? Yes No

Test Results From Source of Exposure:

Hepatitis B	Positive	Negative
HBIG Recommended?	Yes	No
HBIG Provided?	Yes	No
HIV Surveillance Recommended?	Yes	No

Comments:

_____

Data Provided to Physician:

OSHA Standard	Yes	No
Personnel's Medical File	Yes	No
Incident Report:	Yes	No

_____

PHYSICIAN SIGNATURE **DATE**