

Blood Exposure Incident:

Report for Physician Providing Medical Evaluation

Exposed employee's name: _____ Date of Exposure: _____

Healthcare professional providing medical evaluation: _____

Date of initial medical evaluation appointment: _____

Information provided to healthcare professional:

1. Copy of the Federal Register's Rules and Regulations for blood exposure (attached)
2. Description of the exposed employee's duties as they relate to the exposure incident.

3. Route of exposure: _____

4. Circumstances under which exposure occurred: _____

5. Results of source individual's blood testing will be disclosed to physician when available.

6. Medical records relevant to the appropriate treatment of the employee

7. Vaccination status of the employee: _____

I:/additional forms/health office use only