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 ARE KEPT IN THE STRICTEST CONFIDENCE.

Comments

_____

_____

_____
PHYSICIANS NAME (PRINT)

_____ _____
PHYSICIAN'S SIGNATURE DATE