***CONFIDENTIAL***

**EMPLOYEE EXPOSURE FOLLOW-UP RECORD**

Employee’s Name: Job Title:

Occurrence Date: Occurrence Time:

Reported Date:

**SOURCE INDIVIDUAL FOLLOW-UP**

Request Made To:

Date: Time:

**EMPLOYEE FOLLOW-UP**

Employee’s Health File Reviewed By: Date:

Information given on source individual’s blood test results? Yes ❑ Not Obtained ❑

1. Referred to healthcare professional with required information
	1. Name of healthcare professional:
	2. By Whom: Date:
2. Blood Sampling/Testing Offered
	1. By Whom: Date:
3. Vaccination Offered/Recommended
	1. By Whom: Date:
4. Counseling Offered
	1. By Whom: Date:
5. Employee Advised of need for further evaluation of medical condition
	1. By Whom: Date: