**HEALTH CARE PROFESSIONAL’S WRITTEN OPINION FOR POST-EXPOSURE EVALUATION AND FOLLOW-UP**

**Directions:** This form needs to be filled out by the healthcare professional following an exposure incident and returned to the employer. The employer needs to maintain a copy of this form PLUS give the employee a copy within 15 working days. Please label the outside of the envelope “Confidential.”

Employee Name:

Social Security Number:

Date of Incident:

Healthcare Facility Address:

Healthcare Facility Telephone:

As required under the bloodborne pathogen standard:

\_\_\_\_\_\_\_\_\_\_\_ The employee named above has been informed of the results of the post-exposure health evaluation.

\_\_\_\_\_\_\_\_\_\_\_ The employee named above has been told about any health

conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

\_\_\_\_\_\_\_\_\_\_\_ Hepatitis B vaccination is\_\_\_\_\_\_\_\_ is not \_\_\_\_\_\_\_ indicated.