



Post-Exposure Evaluation: Check List

Print Form

Risk Management
Mat-Su Borough School District
501 N. Gulkana St.
Palmer, AK 99645
P: (907) 746-9213 || F: (907) 761-4091

Special Instructions: *This form is confidential.* The District Exposure Control Officer will complete this checklist following an employee's exposure to Bloodborne Pathogens (BBP).

Exposure Date	<input type="text"/>	Exposure Site	<input type="text"/>
Employee Name	<input type="text"/>	Job Title	<input type="text"/>

Select One:

- I desire a doctor's visit for blood tests and medical follow-up.
- I decline a doctor's visit for blood tests and medical follow-up.

<hr/>	<hr/>
Employee Signature	Date

Activity	Information / Date Completed
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I discussed the exposure incident with the employee. I provided the employee with decontamination and exposure follow-up procedures. Contact Date/Time

I verified the employee's exposure incident and documented on the District's "Bloodborne Pathogens Exposure Incident" Form.

- Employee's physician was provided with:
- District's "Exposure Incident" form
 - District's "Directive for Physician" form
 - District's Exposure Control Plan, if needed
 - OSHA Exposure Control Standard, if needed

Employee visited physician within 24 hours and has consented to HBV/HIV blood tests and medical follow-up, as recommended by physician. Appointment Date
Physician's Name

The "Report of Occupational Injury or Illness" form was completed by site's Administrative Secretary and submitted to Risk Management.

Costs for medical care have incurred.

The source individual (if any) was identified. Source's Name

The source individual or his/her parent/guardian was contacted for consent to have HIV/HBV blood tests. Contact Date
Guardian's Name
Consent was was not received.

The source individual visited his/her physician and completed HIV/HBV blood tests. Appointment Date
Physician's Name

The employee's physician was given the name of the physician who evaluated the source individual.

I received a copy of the "Physician's Written Opinion" from the employee's physician and forwarded it to the employee.



Post-Exposure Evaluation: Notes

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