POST-EXPOSURE EVALUATION

Employee Name: _____ Employee SS#: _____

Job Classification: _____

1.	Has the employee been informed of the results of the evaluation?	Yes	__	No	__
2.	Has the employee been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment?	Yes	__	No	__
3.	Have you determined HBV vaccination is indicated	Yes	__	No	__
4.	Has the employee been vaccinated for HBV?	Yes	__	No	__

_____ _____
Signature of Licensed Healthcare Professional Date

NOTE: **Please return this form in an envelope labeled <u>Medical Confidential</u> to:**

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