

Post Exposure Evaluation and Follow-up Report

COMPLETED BY: Hope Supervisor for Staff Exposures

COMPLETED BY: Hope Faculty for Student Exposures

Exposed individual's name: _____ Last 4 of SS # _____

Position: _____ Date of exposure incident: _____

Description of the individual's duties as they relate to the exposure incident: _____

Description of exposure incident (include routes of exposure, any personal protective equipment used or to be used, procedures being performed, devices in use, and the circumstances under which the exposure occurred

Name of the source individual: _____ Position: _____

If identifying the source individual is not possible explain why: _____

Describe any related training that the exposed individual received and the date of that training:

This individual has been given the opportunity to have a confidential medical evaluation and follow-up:

[] yes [] no

Hope supervisor or faculty signature: _____ **Date:** _____

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COMPLETED BY: Evaluating Health Care Professional

(The purpose of this evaluation is to insure that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions which have resulted from exposure to blood or other potentially infectious material and which require further evaluation or treatment. The written opinion obtained by the employer shall not reveal specific findings of diagnoses that are unrelated to the employee's ability to wear protective clothing and equipment or receive vaccinations. Such findings and diagnoses shall remain confidential.)

Date of initial evaluation: _____

Are there any limitations upon the individual's use of personal protective equipment? yes no

If yes, list limitations: _____

Is the Hepatitis B vaccination indicated for this individual? yes no If not, why?

Did this individual receive Hepatitis B vaccine? yes no already received

Did this individual receive a Tetanus shot? yes no already received

Is there further evaluation and treatment required? yes no If yes, describe: _____

This individual has been informed of the results of the medical evaluation and has been told about any medical conditions which have resulted from exposure to blood or other potentially infectious material and which require further evaluation and treatment:

yes no

Health Care Professional's signature: _____ Date: _____

COMPLETED BY: Exposed Individual

I have been informed of the results of the medical evaluation and have been told about any medical conditions which have resulted from exposure to blood or other potentially infectious material and which require further evaluation and treatment:

yes no

Exposed individual's signature: _____ Date: _____

Copies:

- **Original** to Department of Occupational Health & Fire Safety @ Hope College 178 East 11th Street Holland, MI 49423
- **One copy of this report must be given to the exposed individual within 15 days of the evaluation.**