

BBP-2
POST-EXPOSURE MANAGEMENT RECORD

Employee Name _____

(please print)

UIN# _____

Employee Information

- _____ Employee refuses post-exposure medical care
- _____ Employee will seek post-exposure medical care but refuses to contribute baseline blood or allow testing
- _____ Employee will seek post-exposure medical care and will contribute baseline blood to be stored at least 90 days, but refuses testing
- _____ Employee will seek post-exposure medical care and will agree to contribute blood and grants permission for HIV, Hepatitis B and Hepatitis C testing and follow-up evaluation and treatment

Source Individual Information

- _____ Source individual could not be identified
- _____ Source individual identified but refused to contribute blood
- _____ Source individual identified and grants permission for HIV, Hepatitis B and Hepatitis C testing

Healthcare Professional Selected _____

I acknowledge that I have been provided with complete information and consultation regarding my exposure incident and options for post-exposure medical care

Employee Signature _____ **Date** _____

This section to be completed by the Environmental Health & Safety Office

Immediately following the exposure incident occurring on _____ the healthcare professional selected by the employee was provided with:

- _____ Copy of 29 CFR 1910.1030
- _____ Copy of BBP-1
- _____ Description of the employees duties
- _____ Medical records relevant to treatment and vaccination status

BBP Program Coordinator Signature _____ Date _____

Within 15 days of completion of the evaluation of the employee, a written opinion, as specified in section V of this plan, was obtained from the healthcare provider.

BBP Program Coordinator Signature _____ Date _____