Bloodborne Pathogen Exposure Incident
Healthcare Professional's Written Opinion

Yes	No	
☐	☐	HBV Vaccination Indicated?
☐	☐	HBV Vaccination Received? _____ (date)

On _____, _____
(date) (name)

was evaluated by SIUC Health Services personnel for medical evaluation following an occupational exposure to human blood or other potentially infectious materials. He/She has been informed of the results of the post-exposure evaluation and has been informed of any medical conditions resulting form the exposure incident that require further evaluation or treatment.

_____ _____ _____
(signature) (job title) (date)