MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Nun

REQUIRING DOCUMENT *(Title and Number)*	ISSUANCE DATE
NAVHLTHCLINICPAXRIVINST 6220.1C	20 JAN 2012

LOCAL FORM TITLE *(Optional)*

INITIAL EXPOSURE AND WRITTEN OPINION

Type of Exposure: ☐ Needlestick ☐ Sharps ☐ Splash ☐ Dermal ☐ Other (specify): _____

Date and Time of Exposure: _____ Location of Exposure: _____

Circumstances of Exposure: (use page 2 if needed)

Source Lab Results: Hepatitis B Surface Antigen (HBs**Ag**) _____ HIV* _____ Hepatitis C (HCV) _____

*(Consent form required for civilian HIV testing) Source Known ☐ Yes ☐ No

Employee Lab Results: Hepatitis B Surface Antbody (HBs**Ab**) _____ HIV _____ HCV _____

Employee Hepatitis B Vaccine Immunization Status: ☐ Complete ☐ Incomplete

The following immunizations were given and/or are required (include dates):

☐ Hepatitis B _____ ☐ Tetanus _____ ☐ Other (specify) _____

Employee received the following HIV Post-Exposure Prophylaxis (PEP):

☐ None - Specify: ☐ Not Indicated: Low Risk Exposure ☐ Employee refusal (please init ____) ☐ Contraindications (see comments)

Patient counseling given:

Employee counseled on Bloodborne Exposure Risks and Post Exposure Prophylaxis (PEP) indications.	☐ Yes	☐ No	☐ N.A.
Employee received information on Occupational Exposure to HIV.	☐ Yes	☐ No	☐ N.A.
Employee received information on signs, symptoms and immunization side effects to report..	☐ Yes	☐ No	☐ N.A.
Employee received information on condom use, safe sex precaution to prevent re-exposure.	☐ Yes	☐ No	☐ N.A.
Employee has signed Confidentiality of Disclosure and Written Opinion signed..	☐ Yes	☐ No	☐ N.A.
Copy furnished to employee within 15 days after completion of evaluation.	☐ Yes	☐ No	☐ N.A.

Employee is responsible to contact Occupational Health for results of all tests, follow-up appointments and immunizations.

Date evaluation completed and case closed: _____

HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

The employer shall provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 day of the completion of the evaluation. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following:

- Written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- The employee has been informed of the results of the evaluation.
- The employee has been informed of any work restrictions resulting from the exposure.
- The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

I ACKNOWLEDGE UNDERSTANDING OF THE ABOVE STATEMENT AND RECEIPT OF THE SIGNED FORM

PATIENT'S NAME	PATIENT'S SIGNATURE	DATE
PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*

HOSPITAL OR MEDICAL FACILITY	STATUS
DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN
RELATIONSHIP TO SPONSOR	

Circumstances of Exposure (continued) / Comments:

PATIENT'S NAME	PATIENT'S SIGNATURE	DATE
PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*

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