



## Healthcare Professionals Written Opinion for Post-Exposure Evaluation and Follow-up

Directions: This form needs to be filled out by the healthcare professional following an exposure incident and returned to the employer. The employer will maintain a copy of this form PLUS give the exposed employee a copy within 15 days.

The employee has been informed of the results of the evaluation. Yes: <input type="checkbox"/> No: <input type="checkbox"/>		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. Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Healthcare Provider's Signature:		Date:	
The blood or body-fluid source individual will be asked to consent to having their blood collected and tested for HBV and HIV. For our clients under 18 years of age, if they are the source individual, their legal guardian will be asked to give consent for testing. The following information must be recorded:			
Name:			
Blood Taken: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Date taken:	Written/Oral Consent Given For:	
		HBV Testing Yes: <input type="checkbox"/> No: <input type="checkbox"/> HIV Testing Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Results Made Available to the Employee: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Date Made Available:	
Name of Medical Center:			
Name of Treating Physician:			

**Return Form to:** City of Woodburn – Human Resources  
 270 Montgomery Street  
 Woodburn, OR 97071  
 Phone: 503-982-5231  
 Fax: 503-982-2376