



## BLOODBORNE PATHOGEN EXPOSURE EVALUATION FORM

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Date of Potential Exposure: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

### PHYSICIAN EVALUATION

As attending physician, I have examined and evaluated the aforementioned NKU employee to determine his/her exposure to bloodborne pathogens following an incident involving blood and/or body fluids.

Subsequent to this examination/evaluation, I have determined that the aforementioned NKU employee **has / has not** experienced an exposure incident. An exposure incident shall be considered as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

Based on this determination, the employee  **HAS** /  **HAS NOT** arranged for the administration of a post-exposure treatment(s).

Also, according to OSHA requirements:

I have informed the employee of the evaluation results.  **YES** /  **NO**

I have informed the employee of any medical conditions resulting from the exposure to blood or other body fluids.  **YES** /  **NO**

#### Comments:

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### PHYSICIAN INFORMATION

Physician Name (Please Print): \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

