APPENDIX D HEPATITIS B EXPOSURE INCIDENT REPORT

Hepatitis B Exposure Incident Report

Name: _____
Birth date: _____
Medical Record Number: _____
Social Security Number: _____
Department: _____
Job Class: _____

Information and training completed:

_____ General explanation of the epidemiology and symptoms of bloodborne diseases.
_____ Explanation of the modes of transmission of bloodborne pathogens.
_____ Hepatitis B vaccine information: efficacy, safety, method of administration, benefits of being vaccinated, vaccine and vaccination offered free of charge.

Health care professional's written opinion:

_____ Hepatitis B vaccination is indicated for this employee. The employee has potential occupational exposure to blood or other infectious materials.
_____ Hepatitis B vaccination is not indicated for this employee.

Disposition:

_____ Vaccine series started.
_____ Vaccine declined. Declination form signed.
_____ Employee previously received complete vaccine series.
_____ Antibody testing has revealed that employee is immune.
_____ Vaccine is contraindicated for medical reasons.

_____ _____
Signature of health care professional Date

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