Transylvania County Schools
Employee Blood Exposure Follow-up Checklist

Instructions:

1. **Physician, Physician's Assistant or Health Department Communicable Disease Nurse completes this form.**
2. File in employee's confidential medical record.
3. Use in-house referral to schedule follow-up blood tests if indicated.

Employee name: _____
Date of exposure: _____
Date of initial evaluation and counseling: _____

	Yes	No
1. Incident report completed?	_____	_____
2. Has employee had Hepatitis B series?	_____	_____
3. Is employee known to be a vaccine responder?	_____	_____
4. Is source person of blood known?	_____	_____
5. Has source person been tested for HBsAg?	_____	_____
6. Has source person been tested for Hepatitis C antibodies?	_____	_____
7. Has source person been tested for HIV?	_____	_____
8. Has exposed employee been informed of source's test results?	_____	_____
9. HIV test recommended for employee?	_____	_____
Done?	_____	_____
10. If HIV test refused, was serum saved?	_____	_____
11. HBsAg recommended for employee?	_____	_____
Done?	_____	_____
12. HBIG recommended?	_____	_____
Date given: _____		
13. Hepatitis B vaccine recommended?	_____	_____
Date given: _____		
14. (If source is unknown or positive for HBsAg or HIV):		
f/u HIV recommended?	_____	_____
At 3 months	_____	_____
At 6 months	_____	_____
At 12 months	_____	_____

Signature: _____ Date: _____