

[Empty rectangular box]

Name: \_\_\_\_\_ Social Security # (required)<sup>1</sup>: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ UO Department: \_\_\_\_\_

Please describe the job duties you were performing when the exposure occurred:<sup>2</sup> \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe how the exposure occurred:<sup>3</sup> \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the type of exposure:<sup>3</sup>  Needlestick  Cut/wound  Splash to eye/mucous membrane  
 Splash to non-intact skin  Other (please describe): \_\_\_\_\_

Please list the type and brand of device involved in the incident:<sup>4</sup> \_\_\_\_\_

Have you been vaccinated against Hepatitis B (HBV)?<sup>5</sup>  Yes  No  Don't Know

If yes, was the vaccination series completed?  Yes  No  Don't Know

If yes, please provide date(s) of vaccination (if known): \_\_\_\_\_

*By Oregon law you have the right to a confidential medical evaluation. At that time you may consent to baseline blood collection without giving consent for Human Immunodeficiency Virus (HIV) testing. The blood sample will be preserved for at least 90 days, during which time you may elect to have the baseline blood sample tested for HIV.<sup>6</sup>*

Do you consent to baseline blood collection?  Yes  No Do you consent to HIV testing?  Yes  No

Do you know the identity of the person(s) to whose blood/body fluid you were exposed?  Yes  No

If yes, please request that the person who is the source of the blood/body fluid see a medical practitioner for bloodborne pathogen testing<sup>6</sup> and provide the following information:

Person's name(s):? \_\_\_\_\_

Person's contact information: \_\_\_\_\_

Is this person willing to be tested for HIV, HBV or other bloodborne pathogens?<sup>7</sup>  Yes  No  Didn't ask

If not asked, please state reason: \_\_\_\_\_

Is this person already known to be infected with HIV/HBV?<sup>8</sup>  Yes  No  Didn't ask

\_\_\_\_\_  
Signature of Exposed Person

\_\_\_\_\_  
Signature of Supervisor

## Health Care Professional's Written Opinion

Required by OAR Ch. 437, Div. 2/Z, 1910.1030. To be kept in employee's confidential medical file at employment site.

1. Is a hepatitis B vaccination indicated for the potentially exposed person?<sup>9?</sup>  Yes  No
2. Has the potentially exposed person received this vaccination?<sup>9?</sup>  Yes  No
3. Has the potentially exposed person been informed of the results of this evaluation<sup>10?</sup>  Yes  No
4. Has the potentially exposed person been counseled regarding the options of HIV/HBV testing<sup>11?</sup>  Yes  No
5. Has the potentially exposed person been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that requires further evaluation or treatment<sup>10?</sup>  Yes  No

**Please note: All other findings or diagnoses shall remain confidential and should not be noted on this form.<sup>12</sup>**

- This document should be maintained in accordance with 29 CFR 1910.1020.<sup>13</sup>

\_\_\_\_\_  
Health Practitioner's Signature

\_\_\_\_\_  
Printed Name of Healthcare Practitioner

Results of Source Testing<sup>14</sup>: \_\_\_\_\_

Oregon OSHA requires that the above information be returned to the employer and provided to the employee within 15 days of the evaluation.<sup>15</sup>

### **Please send form to:**

**EHS and Risk Manager  
Southern Oregon University  
351 Walker Avenue  
Ashland, Oregon  
deenr@sou.edu**

<sup>1</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (h)(1)(ii)(A)

<sup>2</sup> OAR Ch. 437, Div. 2/Z, 1910.1030(f)(4)(ii)(B)

<sup>3</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (f)(3)(i); (f)(4)(ii)(C)

OAR Ch. 437, Div. 2/Z, 1910.1030 (h)(5)(i)(A)

<sup>5</sup> OAR Ch. 437, Div. 2/Z, 1910.1030(h)(1)(ii)(B)

<sup>6</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (f)(3)(ii)(B)

<sup>7</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (f)(3)(ii)(A)

<sup>8</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (f)(3)(ii)(B)

<sup>9</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (f)(5)(i)

<sup>10</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (f)(5)(ii)

<sup>11</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (f)(3)(v)

<sup>12</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (f)(5)(iii)

<sup>13</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (f)(6); (h)(1)(i)

<sup>14</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (f)(4)(D)

<sup>15</sup> OAR Ch. 437, Div. 2/Z, 1910.1030 (f)(5)