



BBP Exposure Incident Report Form (for Healthcare Professional)

Name	
Identification No.	Date of Incident
Type of Incident	

To the Evaluating Healthcare Professional

After you have determined whether there are contraindications to vaccination of the employee with Hepatitis B vaccine, please state in the space below only if vaccine was indicated and if vaccine was received. Following completion of this form, please provide the original to the employee and a copy to the employer.

Vaccine was indicated

Vaccine was provided

After your evaluation of this employee, please assure that the following information has been furnished to the employee and provide your initials beside the following statements:

_____ The employee has been informed of the results of this evaluation

_____ The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation and treatment

All other findings and diagnoses shall remain confidential and shall not be included in the written report.

Healthcare Professional's Signature	
Healthcare Professional's Name (printed)	Date

Medical Attention

The exposed employee was referred to the following doctor for medical evaluation, counseling and follow-up:

Name	Phone
Address	
Date of Exam	Date of Follow-up