

BLOODBORNE PATHOGEN EXPOSURE EVALUATION FORM

Bowling Green State University

Employee Information

Name (Printed)
Department/Area
Date of Potential Exposure Incident

Physician Evaluation

As attending physician, I have examined and evaluated the aforementioned BGSU 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 BGSU 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:

Physician Name
(Please Print)

Physician Signature

Employee Signature

Date of Evaluation