

Post-Exposure Evaluation & Follow-Up Form

As part of my employment with California State University, Northridge, I may have been exposed to blood or potentially infectious materials on the following date: _____.

Injured Employee's Name: _____

The Route of Exposure was: _____

[Exposure Incident Report Form](#) has been completed. *(Copies forwarded to EH&S and Human Resources)*

Source individuals' blood has been tested. *(Provided consent is obtained)*

Exposed employee has been notified of result.

I further understand that, as a result of this exposure, I may require evaluation or treatment due to the potential risk of acquiring Hepatitis B Virus, HIV, or other bloodborne infection. I was offered and encouraged to have a confidential evaluation and follow-up and have been given the opportunity to be vaccinated with Hepatitis B vaccine and/or Hepatitis B Immune Globulin at no charge to myself.

Please initial here: _____

Please check all that apply to you:

I accept the Hepatitis B vaccination series.

I accept the Hepatitis B Immune Globulin.

I decline the Hepatitis B vaccination series.

I decline the Hepatitis B Immune Globulin.

I consent to baseline blood collection and HBV serological testing.

I do not consent to baseline blood collection.

I consent to baseline blood collection, but do not consent to any testing at this time. I understand that the blood sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, I elect to have baseline samples tested for either HBV or HIV, such testing shall be done as soon as feasible.

Employee Signature: _____ Print Name: _____ Date: _____

Department: _____ Phone: _____ Mail Drop: _____