



Bloodborne Pathogens Exposure Control Program

Appendix C. Post Exposure Medical Evaluation Form

Patient Name (YSU employee or student):

YSU Department:

Date of Potential Exposure Incident:

Physician Evaluation

As attending physician, I have examined and evaluated the aforementioned YSU patient to determine their exposure to bloodborne pathogens following an incident involving blood and/or body fluids.

Subsequently, I have determined that the aforementioned YSU patient ☐ HAS ☐ HAS NOT experienced an exposure incident. An exposure incident is 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 YSU patient ☐ HAS ☐ HAS NOT been recommended for post-exposure treatment (prophylaxis).

Also, according to OSHA requirements:

☐ I have informed the YSU patient of the evaluation results

☐ I have informed the YSU patient of any medical conditions resulting from the exposure to blood or other body fluids.

Physician Name:

Physician Signature:

Date of Evaluation:

YSU Patient Signature: