

PLYMOUTH COMMUNITY SCHOOL CORPORATION

EMPLOYEE-REPORTED EXPOSURE TO BLOOD-BORNE  
INFECTIOUS DISEASE SCREENING/FOLLOW-UP PROCEDURE

Employee's Name	Position	SSN
Occurrence Date	Time	Reported Date

Employee's description of the exposure:

Follow-Up

Contact Source	Chart Reviewed	Contact Source Unknown
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Contact Source Laboratory Test Results

SGOT	HbsAg	STS	HV	Other
Review of Employee's Health File				
Laboratory Tests Ordered				

Vaccination Offered/Recommendation (initials of physician)

ISG	Hepatitis B vaccine - Dates of inoculation			
Diphtheria/Tetanus	Other			
Attending Physician's Comments				
Attending Physician's Signature				Date
School Nurse notified of the exposure	Yes	No	Date	Comments
				Signature
Superintendent Notified	Yes	No	Date	
Building Principal Notified	Yes	No	Date	
Referred to infections-disease physician	Yes	No	Date	
Recommendations:				

Cc: Superintendent  
 Building principal  
 School nurse  
 Employee  
 PHS Health Office