

245 NE 30 Road

 Great Bend, KS 67530

 620-792-9233

Employee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for the Evaluating Physician:**

 This Barton Community College Employee may have suffered an occupational exposure incident as defined in Bloodborne Pathogen Standards.

Please evaluate and treat this individual according to the provisions for post-exposure evaluation and follow-up.

To facilitate your evaluation, the following information is provided:

* Documentation of the routes of exposure and circumstances under which exposure occurred.
* Results of the source individual’s blood testing if available.
* All medical records relevant to this employee’s treatment including vaccination status.

After completion of the evaluation please:

* Inform the employee regarding the evaluation results and any follow-up required.
* Complete the attached written opinion form and give to the employee.
* **Send a copy of all evaluation results and records to:**

 **Student Health Services**

 **Barton Community College**

 **245 NE 30 Rd**

 **Great Bend, KS 67530**

 **CONFIDENTIAL: Medical Records**

 **These records will be maintained as part of the employee’s confidential medical record in the Student Health Office.**

**Mar. 2012**