



245 NE 30 Road
Great Bend, KS
620-792-9233

Healthcare Professional's Written Opinion for Post-Exposure Evaluation and Follow-up

Name _____

To the evaluating physician:

After you have determined whether there are contraindications to vaccination of this Barton Community College employee with the Hepatitis B vaccine, please state if the vaccine is indicated.

- _____ Yes, vaccine is indicated.
 - _____ Hepatitis B vaccine was provided.
- _____ No, vaccine is not indicated.
 - _____ Previous completion of Hepatitis B series.
 - _____ Presently receiving vaccine series.

ALL OTHER FINDINGS ARE TO REMAIN CONFIDENTIAL AND ARE NOT TO BE INCLUDED ON THIS PAGE.

After your evaluation of this employee, please assure that the following information has been furnished to the employee .

- _____ The employee has been informed of the results of this evaluation.
- _____ The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

Physician Signature _____ \ **Date** _____

RELEASE OF INFORMATION---

I hereby request and authorize _____ (physician or clinic name) to send and/or release to Student Health Services, Barton Community College any and all medical records pertaining to this incident.

Employee Signature _____ \ Date _____

Witness _____ \ Date _____

**Please return this sheet to the employee.
Thank you for your evaluation.**

Employee---please return this form to Student Health Services. Further counseling and assistance will be provided as indicated.