Appendix C to CSUF Bloodborne Pathogen Program

Post Exposure to Bloodborne Pathogens Form

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

The route of exposure was: ____

The name and address of the source individual is: ___________________________________

____

A Report of Employee Injury form has been filed with Human Resources _________________

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 have been given the opportunity to be vaccinated with Hepatitis B vaccine and/or Hepatitis B Immune Globulin at no charge to myself. _____ *(initial)*

<u>Please initial the following that apply:</u>

_____ I <u>accept</u> the Hepatitis B vaccination series.
_____ I <u>accept</u> the Hepatitis B Immune Globulin.
_____ I <u>decline</u> the Hepatitis B vaccination series.
_____ I <u>decline</u> Hepatitis B Immune Globulin.
_____ I <u>consent</u> to baseline blood collection and HBV serological testing.
_____ I <u>consent</u> to baseline blood collection and HIV serological testing.
_____ I <u>do not</u> consent to baseline blood collection.
_____ I consent to baseline blood collection but <u>do not consent</u> 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 DATE

____
NAME (PLEASE PRINT)

_______________________________________ _____________
PHYSICIAN SIGNATURE DATE