

STOCKTON UNIVERSITY
EMPLOYEE EXPOSURE FOLLOW-UP RECORD

EMPLOYEE'S NAME _____ JOB
TITLE _____
DATE OF INCIDENT _____ DATE
REPORTED _____
TIME OF INCIDENT _____ AM [] PM []

SOURCE INDIVIDUAL FOLLOW-UP
REQUEST MADE TO

DATE _____ TIME _____ AM [] PM []

EMPLOYEE FOLLOW-UP

EMPLOYEE'S HEALTH FILE REVIEWED

BY _____ DATE _____

Information given on source individual's blood test results YES [] NOT OBTAINED []

**REFERRED TO HEALTHCARE PROFESSIONAL WITH REQUIRED
INFORMATION**

NAME OF HEALTHCARE

PROFESSIONAL _____

BY WHOM

DATE _____

BLOOD SAMPLING/TESTING OFFERED

BY

WHOM _____ DATE _____

VACCINATION OFFERED/RECOMMENDED

BY

WHOM _____ DATE _____

COUNSELING OFFERED

BY

WHOM _____ DATE _____

**EMPLOYEE ADVISED OF NEED FOR FURTHER EVALUATION OF MEDICAL
CONDITION**

BY

WHOM _____ DATE _____