



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.