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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.**

**Mar. 2012**