

**BBP-2**  
**POST-EXPOSURE MANAGEMENT RECORD**

**Employee Name** \_\_\_\_\_

(please print)

**Social Security #** \_\_\_\_\_

**Employee Information**

- \_\_\_\_\_ Employee refuses post-exposure medical care
- \_\_\_\_\_ Employee will seek post-exposure medical care but refuses to contribute baseline blood or allow testing
- \_\_\_\_\_ Employee will seek post-exposure medical care and will contribute baseline blood to be stored at least 90 days, but refuses testing
- \_\_\_\_\_ Employee will seek post-exposure medical care and will agree to contribute blood and grants permission for HIV, Hepatitis B and Hepatitis C testing and follow-up evaluation and treatment

**Source Individual Information**

- \_\_\_\_\_ Source individual could not be identified
- \_\_\_\_\_ Source individual identified but refused to contribute blood
- \_\_\_\_\_ Source individual identified and grants permission for HIV, Hepatitis B and Hepatitis C testing

**Healthcare Professional Selected** \_\_\_\_\_

I acknowledge that I have been provided with complete information and consultation regarding my exposure incident and options for post-exposure medical care

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**This section to be completed by the Environmental Health & Safety Office**

Immediately following the exposure incident occurring on \_\_\_\_\_ the healthcare professional selected by the employee was provided with:

- \_\_\_\_\_ Copy of 29 CFR 1910.1030
- \_\_\_\_\_ Copy of BBP-1
- \_\_\_\_\_ Description of the employees duties
- \_\_\_\_\_ Medical records relevant to treatment and vaccination status

BBP Program Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Within 15 days of completion of the evaluation of the employee, a written opinion, as specified in section V of this plan, was obtained from the healthcare provider.

BBP Program Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_