

APPENDIX G

EMPLOYEE EXPOSURE NOTIFICATION AND MEDICAL EVALUATION OPTION FORM

This form is to be completed jointly by the exposed employee and their supervisor / principal investigator.

I (print name) _____ experienced a blood, body fluid, or other potentially infectious material contaminated sharps injury, mucous membrane exposure, or non-intact skin exposure during my employment with The University of Texas Health Science Center at San Antonio (UTHSCSA) on (date: mm/dd/yyyy) ____/____/_____. I have been notified that I may seek examination and treatment with any state licensed physician or health care provider, and may be tested for the presence of antibodies for hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) free of charge to myself. This evaluation may also include treatment for HBV infection.

The physician authorizing this testing will be, or has been, informed of the latest U.S. Public Health Service guidelines for treatment of a potential bloodborne pathogen exposure including HBV, HCV, and HIV antibody testing, recommended prophylactic treatment, as well as the OSHA bloodborne pathogens standard (29 CFR 1910.1030) and Texas DSHS bloodborne pathogens control rules (25 TAC Chapter 96.101-96.601). These guidelines are listed in MMWR June 29, 2001 / 50(RR11); 1-42, *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposure to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis* (or most current guidelines as listed on the CDC website; www.cdc.gov/mmwr/). The physician or authorized licensed health care professional performing the evaluation, may upon examination, order testing on a sample of my (exposed employee) blood drawn initially after the exposure for HBV/HCV/HIV antibody testing.. If I do not wish to have antibody testing performed on the blood specimen drawn initially, I understand that I may have it tested for HIV up to 90 days following the date of exposure as per 29 CFR 1910.1030 (f)(3)(iii)(b).

All test results will be forwarded to the authorized treating physician confidentially, and they will be communicated to me by the physician to ensure confidentiality.

I have decided for the following post exposure option (mark one box):

- I have decided to receive a confidential medical evaluation and consent to have a serum (blood) specimen drawn for antibody testing for HBV, HCV, and HIV.
- I have decided to receive a confidential medical evaluation, but do not wish to have antibody testing for the presence of HBV, HCV, and HIV performed at this time. I do consent to have a blood specimen drawn and held for possible HIV testing done at a later date, up to 90 days following my date of exposure.
- I do not wish to receive a medical evaluation, and do not wish to have testing for the presence of HBV, HCV, and HIV antibodies at this time. I do consent to have a blood specimen drawn for possible HIV testing at a later date, up to 90 days following my initial exposure.
- I do not wish to receive a medical evaluation – I do not wish to have antibody testing for HBV, HCV, and HIV – and finally, I do not consent to have a blood specimen drawn for possible testing at a later date.

Employee's Signature

Date

PI / Supervisor's Signature

Date

If employee is to see a physician, list physician's name and address here:

For questions concerning UTHSCSA WCI coverage:

Contact Environmental Health and Safety at Tel. (210) 567-2955 or FAX (210) 567-2965

Original: UTHSCSA – WCI

Copies: Treating physician/health care provider; employee

This form contains confidential medical information