

CONFIDENTIAL

**Oregon Military Department
EMPLOYEE EXPOSURE FOLLOW-UP RECORD**

ECP/BBP Policy 99.200.03 Attachment D

Employee Name _____ Job Title _____

Occurrence Date _____ Reported Date _____

Occurrence Time _____

Source Individual Follow-Up (i.e., the person who was bleeding.)

Request Made To (name of person who was the source of the exposure)

Date _____ Time _____

Employee Follow-Up

Employee 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 _____

Referred 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 _____

Medical Provider: Please fax or mail a copy of the completed form for inclusion in SAIF Claim to:

Oregon Military Department

AGP, Safety Manager

1776 Militia Way SE

Salem OR 97309

Fax 503-584-3556