



**OREGON MILITARY DEPARTMENT**  
JOINT FORCE HEADQUARTERS, OREGON NATIONAL GUARD  
ADJUTANT GENERAL PERSONNEL  
1776 MILITIA WAY  
P.O. BOX 14350  
SALEM, OREGON 97309-5047

Dear EMT, Emergency Room Medical Director, Infection Control Practitioner:

One of our employees was involved in an event which may have resulted in exposure to a bloodborne pathogen. The source individual may have been transported to your facility. If consent is given, I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event please determine whether our employee is at risk for infection and/or requires medical follow-up.

Attached is an Employee Exposure form and Incident Report form which was initiated by the exposed employee. Please complete the source individual section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentiality assurances for the patient and the exposed employee concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.