

**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 971-239-4747