



**COLUMBUS CITY SCHOOLS
HEALTH, FAMILY AND COMMUNITY SERVICES**

**BLOOD & BODY FLUID EXPOSURE EMPLOYEE MEDICAL INFORMATION
(H.S. 102)**

Instructions: To be completed by Health Services Department following an exposure incident and sent to the health care provider doing the post exposure evaluation.

Exposed Employee

1. Exposed Employee's Name: _____

Date of Exposure: _____

Social Security #: _____

2. Hepatitis B Vaccine received:

1st Dose _____ 2nd Dose _____ 3rd Dose _____

Hepatitis B Vaccine declined: _____

Source Individual

1. Source individual's name: _____

Social Security #: _____

Address: _____

Telephone #: _____

2. Source individual was contacted and (Did____) or (Did Not____) agree to be tested.

We were unable to contact the source individual: _____