

PINELLAS COUNTY SCHOOLS
HEALTHCARE PROFESSIONAL
EVALUATION OF BLOODBORNE PATHOGENS EXPOSURE INCIDENT

1. NAME OF PHYSICIAN/PROVIDER _____

2. MAILING ADDRESS _____

3. OFFICE TELEPHONE _____

4. CLIENT/EMPLOYEE NAME _____

Date of Birth: _____

Was Hepatitis B Vaccine (HBV)/H BIG indicated for this exposure?

HBV ____ HBIG ____ Date administered _____

Has the employee been informed of your medical evaluation?

Yes ____ No ____ Date informed _____

Have you informed the employee of any medical conditions that might result from this exposure?

Yes ____ No ____ Date informed _____

Additional comments:

Signature _____ Date _____

Return to:

**Risk Management Department
Safety and Loss Prevention Specialist
Pinellas County School District
301 Fourth St. SW
Largo, Florida 33779**