



### MEDICAL EVALUATION REPORT

To be completed by the Health Care Provider:

Please return this form to the employee at the end of your evaluation for return to Human Resources.

<b>Employee Name:</b>		<b>Date:</b>
<b>Please complete the following questions based on your opinion:</b>		
YES	NO	Did the employee have an exposure incident that requires follow-up procedures, source testing, and requirements? (defined in WAC 296-823-160)
YES	NO	If YES, is post-exposure prophylaxis medically indicated?
YES	NO	Does the employee need post-exposure counseling?
YES	NO	Has the employee been informed of any medical conditions resulting from this exposure that require further evaluation or treatment? (WAC 296-823-16030)
<b>Please check the following if they have been completed:</b>		
Health Care Provider received a copy of <b>WAC 296-823-160</b>		
A <b>medical evaluation</b> of Employee's Exposure Incident including: documentation of the exposure, circumstances under which the exposure incident occurred, and identification of source (unless not feasible or prohibited). (WAC 296-823-16025)		
<b>Authorization for Blood Collection/Testing of Exposed Employee Form.</b> Employee must sign and return to supervisor.		
YES	NO	Employee needs vaccine.
YES	NO	Employee previously received vaccine.
<b>Health Care Provider's Signature:</b>		<b>Date:</b>