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## **BLOODBORNE PATHOGEN EXPOSURE CHECKLIST**

Employee will complete the following forms and submit the completed forms to the Human Resources Department.

If you choose **not** to have testing done, complete the following:

- ☐ SOCFC Incident Report (online)
- ☐ BBP Exposure Incident Report
- ☐ Hepatitis B Vaccine Offer Form
- ☐ Employee Consent/Waiver to Perform Lab Testing

**OR**

If you choose to have testing done, complete the following:

- ☐ SOCFC Incident Report (online)
- ☐ BBP Exposure Incident Report
- ☐ 801 Worker's Compensation Form (optional)
- ☐ Hepatitis B Vaccine Offer Form
- ☐ Employee Consent/Waiver to Perform Lab Testing
- ☐ Source Individual Consent/Waiver to Perform Lab Testing
- ☐ Source Individual History and Consent to Release Information

The Human Resources Department will complete the following:

- ☐ Provide Employee with Precautions for Employees Exposed to Potential HIV form
- ☐ Provide Employee with a Hep B Offer form
- ☐ Health Care Provider's Written Opinion (send to HCP)
- ☐ Employee Health Exposure Follow-Up Form
- ☐ Follow-up with employee regarding the Health Care Providers Written Opinion