BBP-2
POST-EXPOSURE MANAGEMENT RECORD

Employee Name
__________________________________________
(please print)

UIN#
__________________________________________

Employee Information
_____ Employee refuses post-exposure medical care
_____ Employee will seek post-exposure medical care but refuses to contribute baseline blood or
allow testing
_____ Employee will seek post-exposure medical care and will contribute baseline blood to be
stored at least 90 days, but refuses testing
_____ Employee will seek post-exposure medical care and will agree to contribute blood and
grants permission for HIV, Hepatitis B and Hepatitis C testing and follow-up evaluation
and treatment

Source Individual Information
_____ Source individual could not be identified
_____ Source individual identified but refused to contribute blood
_____ Source individual identified and grants permission for HIV, Hepatitis B and Hepatitis C
testing

Healthcare Professional Selected
________________________________________________

I acknowledge that I have been provided with complete information and consultation regarding my
exposure incident and options for post-exposure medical care

Employee Signature __________________________ Date ____________

This section to be completed by the Environmental Health & Safety Office

Immediately following the exposure incident occurring on ____________ the healthcare
professional selected by the employee was provided with:

_____ Copy of 29 CFR 1910.1030
_____ Copy of BBP-1
_____ Description of the employees duties
_____ Medical records relevant to treatment and vaccination status

BBP Program Coordinator Signature __________________________ Date ______

Within 15 days of completion of the evaluation of the employee, a written opinion, as specified in
section V of this plan, was obtained from the healthcare provider.

BBP Program Coordinator Signature __________________________ Date ______