

**BAYSTATE HEALTH SYSTEM
EMPLOYEE HEALTH SERVICE**

**EMPLOYEE BLOOD/BODY SUBSTANCE EXPOSURE
COUNSELING CHECKLIST**

Employee Name _____ ID No. _____

Date of Exposure _____ Incident # _____

1. The risks of this exposure, based on the information currently available about the source patient, have been explained to me.
2. Recommendations regarding the Hepatitis B vaccine have been explained to me.
3. Testing of my blood for Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV) has been offered to me and explained.
4. I am choosing the following options for testing my blood:

	Test	Do NOT Test	Draw Sample, Store for 90 Days No Testing at This Time
Hepatitis B			
Hepatitis C			
HIV			

5. A copy of the U.S. Public Health Service Guidelines for preventing the transmission of HIV has been given to me.
6. I understand that I should report to Employee Health Service for evaluation of any acute illness causing a fever, rash, diarrhea or swollen glands within the next 3 months.
7. I understand that I may contact Health Service to obtain the results of blood tests done on the source patient of my exposure. I also understand that this information is confidential and that the name and infectious status of this patient should not be disclosed to others.
8. Precautions I can take to avoid future similar exposures have been discussed with me.
9. The last time I had training in bloodborne pathogens was: _____ .

Signature

Date