

**MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

OTSG APPROVED (Date)

**HEALTHCARE PROVIDER'S WRITTEN OPINION FOR BLOODBORNE PATHOGEN EXPOSURE**

26 February 1997

1. On \_\_\_\_\_, you reported an occupational exposure to blood and or potentially infectious body fluid.

2. Based upon the information that you provided, the following actions have been taken:

a. Evaluation of Source.

(1) Source known     Yes     No

(2) Source evaluated     Yes     No

b. You were evaluated on \_\_\_\_\_

c. You have been informed of the results of your evaluation and of any medical conditions resulting from your occupational exposure which may require further evaluation or treatment.

3. This information is being provided to you as required by 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens Standard.

4. Assistance with additional questions will be provided by the Occupational Health Clinic at extension (301) 677-8773.

EMPLOYEE ACKNOWLEDGEMENT OF WRITTEN OPINION

OCCUPATIONAL HEALTH CLINIC  
PREVENTIVE MEDICINE SERVICE  
FORT GEORGE G. MEADE, MD 20755-5800

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
HEALTHCARE PROVIDER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL       FLOW CHART
- OTHER EXAMINATION OR EVALUATION       OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT