## EMPLOYEE EXPOSURE FOLLOW-UP RECORD

**CONFIDENTIAL**

Employee’s Name: Job Title:

Occurrence Date: Reported Date:

Occurrence Time:

**SOURCE INDIVIDUAL FOLLOW-UP:**

Request made to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Time

**EMPLOYEE FOLLOW-UP:**

Employee’s Health File Reviewed By

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information given on source individual’s blood test results: 🞎 Yes 🞎 Not Obtained

**Referred to Healthcare Professional with Required Information:**

Name of healthcare professional

By Whom Date

**Blood Sampling/Testing Offered:**

By Whom Date

**Vaccination Offered/Recommended:**

By Whom Date

**Counseling Offered:**

By Whom Date

**Employee Advised of Need for Further Evaluation of Medical Condition:**

By Whom Date