

**Office of John G. Mendiburu**  
**Kern County Superintendent of Schools**  
*Advocates for Children*

**POST EXPOSURE EVALUATION - CONFIDENTIAL**

Name of Exposed Employee: \_\_\_\_\_  
Employee ID.: \_\_\_\_\_  
School Site: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_

Description of the circumstances under which the exposure incident took place (attach exposure determination checklist): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the source individual known? Yes\_\_ No\_\_      Is the source individual a student? Yes\_\_ No\_\_  
If yes, identify and provide contact information: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

**Program is to complete the above portion and send to Human Resources (HR@kern.org)**

-----The remainder of the form is to be completed by Human Resources-----

Did the source individual give consent to determine Bloodborne Pathogen infectivity?  
Yes \_\_\_\_\_ No \_\_\_\_\_      Contacted by: \_\_\_\_\_

Has testing been previously conducted or is source individual already known to be infected with any of the following: HBV, HCV or HIV?      Yes \_\_\_\_\_ No \_\_\_\_\_

Date the results of the source individual's testing were made available to the exposed employee?  
\_\_\_\_\_

Was consent given by the exposed employee to test blood for HBV, HCV or HIV serological status?  
Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes to HBV, HCV testing and no to HIV, arrangements must be made to preserve the sample for 90 days.)  
Sample to be preserved at the following location: \_\_\_\_\_

Has the exposed employee previously received the HBV vaccination?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date of vaccination: \_\_\_\_\_

*(Attach physician's reports and testing results)*