

**COLUMBIA BASIN COLLEGE
HEALTHCARE PROFESSIONAL'S WRITTEN OPINION FOR POST-EXPOSURE EVALUATION**

CONFIDENTIAL

Employee's Name:	
Date of Incident:	
Date of Evaluation:	
Health Professional's Address:	Telephone:
	Fax:
Health Professional's Evaluation:	
<input type="checkbox"/> The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.	
<input type="checkbox"/> The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.	
<input type="checkbox"/> Hepatitis B Vaccination IS required.	
<input type="checkbox"/> Hepatitis B Vaccination is NOT required.	
Healthcare Professional's Name (Please Print):	
Healthcare Professional's Signature:	Date:
Please return this form to the employer and provide a copy to the employee within 15 days. Please label the outside of the envelope "Confidential."	
Employer's Name: Columbia Basin College	
Employer's Address: 2600 North 20 th Avenue Pasco, Washington 99301	
Employer's Phone: (509) 547-0511, Ext. 2348	Employer's Confidential Fax: (509) 544-2029