(Current Date)

Dear Healthcare Professional:

The individual seeking your care has had a possible occupational exposure to bloodborne pathogens, and has been sent to you for a post-exposure medical evaluation. To assist you in evaluation, the following documents have been enclosed:

1. An exposure report describing the circumstances and route of exposure and the source individual's name (if known);

   The HBV and HIV status (if known) of the source individual can be obtained by contacting:

   Name: _____
   Phone Number: _____
   Address: _____

   The exposed person's HBV vaccination status is also noted in this report.

2. A flow chart listing employee, employer, and healthcare professional responsibilities;

3. A copy of WAC 296-62-08001 "Bloodborne Pathogens" (pages 13, 14, and 15 of this WAC contain post-exposure evaluation and follow-up requirements); and

4. A post-exposure evaluation form for your completion and return.

   Please return to: _____

   _____

   _____

WAC 246-100-206 part 10 gives authority to the local Health Officer to order testing of the source individual for HIV. WAC 246-100-209 covers HIV pretest and post counseling. RCW 70.24.105(5) addresses release of confidential information related to HBV/HIV. WAC 296-62-08001(6)(c)(iii)(B) requires employee blood samples to be preserved for 90 days if serologic testing is not immediately conducted.

If you have any questions, please contact _____ at _____.

Sincerely,