

EMPLOYEE MEDICAL RECORD

(Sample)

Practice Name: _____

As required by OSHA, this form will document the exposure and treatment of each employee who is exposed to blood or other potentially infectious materials. This form will be maintained for a period of 30 years, plus the term of employment. All questions should be directed to our practice OSHA Compliance Officer.

EMPLOYEE INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____
Hire date: _____ Termination Date: _____
Job Classification: _____

- A copy of the Hepatitis B Vaccination Certificate is attached
- A signed copy of the Informed Refusal Hepatitis B Form is attached

Bloodborne Exposure Incident Report (Dates and Brief Description of all Exposure Incidents/ Attachments)

Post Exposure Follow-Up Results (Date reports were received/ Attachments)