



Form C - Evaluation of Student Exposure Report Form

(to be completed by medical provider evaluating exposure)

STUDENT NAME: _____

DATE: _____

INCIDENT:

Please select Yes or No for the following questions:

Student notified of source lab results? Yes No

Student counseled on risks of exposure? Yes No

Student offered blood testing for Hepatitis B, Hepatitis C, and HIV? Yes No

Student declined lab testing? Yes No

Student notified of personal lab results? Yes No

Further follow-up indicated? Yes No

Student notified about need for further follow-up? Yes No

SIGNATURE OF MEDICAL PROVIDER: _____

Return completed form to:
Program Director
PA Program – University of Dubuque
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Dubuque, IA 52001
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Ph. (563)589-3662
Fax (563)589-3650