California State University, Long Beach

Bloodborne Pathogens- Post Exposure Form

During the course of my employment with California State University, Long Beach (CSULB), I may have been exposed to blood or other potentially infectious materials which may require medical evaluation or treatment. This exposure or potential exposure occurred on _____. I acknowledge that an Employee's Claim for Workers Compensation Benefits has been filed with CSULB's Worker's Compensation Coordinator. I further acknowledge that an accident report and a sharps injury report (if required) have been completed and filed with my supervisor and/or Safety and Risk Management.

I further understand that as a result of this incident, I may be at risk of acquiring a bloodborne infection(s), including but not limited the Hepatitis B virus (HBV). I also acknowledge that I have been given the opportunity to receive, at my employer's expense, a Hepatitis B vaccination or a Hepatitis Immune Globulin treatment.

However at this time:

Checkbox	Response	Initial
☐	I decline Hepatitis B vaccine	
☐	I decline Hepatitis Immune Globulin	
☐	I do not consent to baseline blood collection	
☐	I consent to baseline blood collection and HBV serological testing	
☐	I consent to blood collection and HIV serological testing	
☐	I do consent to baseline blood collection but DO NOT consent to any testing at this time. I understand that the blood sample shall be preserved to at least 90 days	

_____ _____

Employee' Signature Date

_____ _____

Physician's Signature Date