



Form C - Evaluation of Student Exposure Report Form
(to be completed by medical provider evaluating exposure)

STUDENT NAME: _____

DATE: _____

INCIDENT: _____

Student notified of source lab results? Yes No (Please circle)

Student notified of personal lab results? Yes No (Please circle)

Further follow-up indicated? Yes No (Please circle)

Student notified about need for further follow-up? Yes No (Please circle)

SIGNATURE OF MEDICAL PROVIDER: _____

Return original form to:

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