

Columbus City Schools Health, Family and Community Services

Post-Exposure Evaluation and Follow-up (H.S. 103)

| Kelease of information: (| | , an employee of Columbi | us City |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------|
| | | , an employee of columns, health care prov | |
| | | on to Columbus Schools Healt | |
| any follow-up treatment or | | | |
| Employee's signa | ntura | Date | |
| | | re's medical file and retained for the | e duration of |
| Columbus City Schools He | ealth Services withing the exposed emplo | l complete this form and return 7 days of the completed evalues with a copy of this report | aluation. The |
| Employee name: | | S. S. number | |
| ± • | n is indicated for thi rvices as indicated). HBIG was administed patitis B Immune Gl Employee has been exposure evaluation. | ered to this employee: Date Date | ne post- |
| Physician's printed name: | | Phone | |
| | | | |
| Address | | | |
| Signature | | Date | |
| Return to: Columbus City | | 2 | |
| Health Service | | | |
| 270 East State | Street | | |
| Columbus, Oh | | | |
| Fax: 365-642 | H.S. 103 | Rev. 12/07 | |