

EMPLOYEE INJURY AND EXPOSURE REPORT

Confidential Medical Evaluation Notice & Written Healthcare Professional Opinion

Every Employee Exposure/Injury must be reported to the Funeral Home OSHA Compliance Officer, Manager or a Senior Employee within 24 hours of incident.

To be completed by injured/exposed employee, funeral home authorizer and healthcare professional following a bloodborne pathogen and/or other potentially infectious material injury or formaldehyde exposure incident.

Funeral Home Name:		
Employee Name (First, Middle, Last):		
Employee Signature: X	Date:	
Funeral Home Authorizer Name (First, Middle, Last):		
Funeral Home Authorizer Signature: X	Date:	
Injury/Exposure to: <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> OPIM <input type="checkbox"/> Formaldehyde	Date:	Time:
Description and Nature of Exposure and/or Injury:		
Exposure/Incident Occurred in What Work Area:		
How did Injury/Exposure happen?		
Could Injury/Exposure be avoided?		
Was First Aid offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," was First Aid: <input type="checkbox"/> Accepted <input type="checkbox"/> Refused	
Person who gave First Aid:		
Did Emergency Service Personnel respond? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," Name of Unit:	
Was Injured Person transported to Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," Name Hospital:	
Name of Transporter (Ambulance Company or person(s) using private vehicle):		

Information Provided to Healthcare Professional

In order to provide the medical evaluation of an employee, after a bloodborne pathogen, other potentially infectious material injury or formaldehyde overexposure incident, the healthcare professional has received from this funeral home the following information.

Check items provided:

1. Copy of the: Bloodborne Pathogens Standard, 29 CFR 1910.1030 and/or the
 Formaldehyde Standard, 29 CFR 1910.1048 (Including Appendix A, B, C and D)
2. Description of the employee's duties as they relate to the exposure incident.
3. Copies of the employee's medical file as maintained by this firm, including information from previous medical examinations of the affected employee at this funeral home.
4. If formaldehyde overexposure, most recent Formaldehyde Monitoring Notice and Results.
5. Information on the Personal Protective Equipment/Respiratory Protection used by the employee.
6. Other: _____



Opinion of Healthcare Professional Following Bloodborne Pathogen Medical Evaluation

Upon completion of the medical evaluation, the following portion of this form is to be completed and signed by the healthcare professional in accordance with OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030 (f)(5).

As the healthcare professional, I acknowledge that my written opinion of medical evaluation is limited to the following responses:

1. As the result of my evaluation:
 - YES, the Hepatitis B vaccination is indicated for the above named employee.
 - NO, the Hepatitis B vaccination is not indicated for the above named employee.
2. If the Hepatitis B vaccination is indicated;
 - YES, the above named employee has received the vaccination.
 - NO, the above named employee has not received the vaccination.
3. The above named employee has been informed by me of the results of the evaluation.
4. The above named employee has been informed by me about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
5. All other findings or diagnoses shall remain confidential and not be included in this written report.

Opinion of Healthcare Professional Following Formaldehyde Overexposure Medical Evaluation

Upon completion of the medical evaluation, the following portion of this form is to be completed and signed by the healthcare professional in accordance with OSHA Formaldehyde Standard 29 CFR 1910.1048 (1)(7).

As the healthcare professional, I acknowledge that my written opinion of medical evaluation is limited to the following responses:

1. As the result of my evaluation:
 - The above named employee HAS a medical condition that places the employee at an increased risk of material impairment of health from exposure to formaldehyde.
 - The above named employee DOES NOT HAVE a medical condition that places the employee at an increased risk of material impairment of health from exposure to formaldehyde.
2. I recommend;
 - Limitations on the employee's exposure as follows _____
 - NO Limitations on the employee's exposure
 - Changes in the employee's use of personal protective equipment, including respirators as follows _____
 - NO changes in the employee's use of personal protective equipment, including respirators
3. The above named employee has been informed by me about any medical conditions which would be aggravated by exposure to formaldehyde, whether these conditions may have resulted from past formaldehyde exposure or from exposure in an emergency, and whether there is a need for further examination or treatment.
4. The above named employee has been informed by me of the results of the evaluation.
5. Other findings or diagnoses shall remain confidential and not be included in this written report.

Healthcare Professional Name (<i>First, Middle, Last</i>):	
Healthcare Professional Signature: X	Date:
Healthcare Professional Address (<i>Street, City, State, Zip</i>):	Date of Evaluation:

Employee Confirmation Notice

I acknowledge that I have received a copy of the healthcare professional's written opinion.

X

Signature of Employee: Date:

After completion, copies of the form are distributed as follows:

- A. Maintain original in Funeral Home File (*marked Confidential*)**
- B. Healthcare Professional keeps a photocopy.**
- C. Employee keeps a photocopy.**