



## ***Form C - Evaluation of Student Exposure Report Form***

*(to be completed by medical provider evaluating exposure)*

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

INCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please circle 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  
2000 University Ave  
Dubuque, IA 52001  
Email: paclinicaledu@dbq.edu  
Ph. (563)589-3662  
Fax (563)589-3650