

From: _____

To: Supervisor, _____ (dept/code)

Subj: PHYSICIAN'S/PROVIDER'S WRITTEN OPINION in the case of

(Name)	(Last 4 ID #)	(Dept/Code)

1. The above noted individual was evaluated according to 29 CFR 1910.1030 regarding **blood and/or body fluids** on _____ (date). On the basis of this examination the following comments are submitted.
 - a. Hepatitis B vaccination IS / IS NOT recommended for this employee (not considering current immune status but considering contraindications and occupational exposures).
 - b. This employee HAS / HAS NOT received hepatitis B vaccination.
2. The employee has been informed of the results of this evaluation and about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(examiner's signature and stamp)	(date)

Original: Employer
Copies: Employee
Medical record
Cognizant Industrial Hygienist (if indicated)

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