

REQUEST FOR SOURCE INDIVIDUAL EVALUATION

Dear (Emergency Room Medical Director, Infection Control Practitioner);

During a recent incident, one of our employees, staff or emergency care providers was involved in an event which may have resulted in an exposure to a Bloodborne Pathogen.

I am asking that you perform an evaluation of the source individual who has produced this letter. Given the circumstances surrounding this event, please determine whether our employee is at risk for infection and/or requires medical follow-up.

Attached is a "Documentation and Identification of Source Individual" which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the designated medical provider. The evaluation form has been developed to provide confidentiality assurances for the patient and the exposed worker. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.
Sincerely,

Dennis Lepore
Health & Safety Control Officer