

CONFIDENTIAL

**New Jersey Department of Health
PEOSH Unit**

EMPLOYEE EXPOSURE FOLLOW-UP RECORD

Name of Employee: _____

Job Title: _____

Occurrence Date: _____ Reported Date: _____

Occurrence Time: _____ AM PM

Source Individual Follow-Up

Request Made to: _____ Date: _____

Date: _____ Time: _____ AM PM

Employee Follow-Up

Employee Health
File Reviewed By: _____ Date: _____

Information Given on Source Individual's Blood Test Results: Yes Obtained

Referred to Healthcare Professional with Required Information

Name of Healthcare Professional: _____

By Whom: _____ Date: _____

Blood Sampling/Testing Offered

By Whom: _____ Date: _____

Vaccination Offered/Recommended

By Whom: _____ Date: _____

Counseling Offered

By Whom: _____ Date: _____

Employee Advised of Need for Further Evaluation of Medical Condition

By Whom: _____ Date: _____
