

HEPATITIS B EXPOSURE INFORMATION

You have been evaluated for exposure to Hepatitis B. Your treatment has been in accord with the Occupational Exposure Control Plan for exposure to Hepatitis B. Your risk of acquiring Hepatitis B has been minimized by this intervention. However, if you should develop any of the following signs or symptoms within six months of exposure, please contact your physician or the local health department.

1. Jaundice (yellowing of the skin and/or eyes)
2. Fever (greater than 101° F or 38.2° C)
3. Anorexia (loss of appetite)
4. Fatigue, malaise or lassitude (feeling tired for an extended period)
5. Nausea or vomiting
6. Diarrhea
7. Joint pain
8. Right upper abdomen or epigastric pain
9. Myalgia (sore muscles)

Date of Exposure: _____

Signature: _____

Printed Name: _____

Witness: _____

Medical records must be kept confidential and maintained for the duration of employment plus 30 years.