

Source Patient Data & Post-Exposure Follow Up

1. Name of student: _____
2. Date of injury: _____
3. Was the source patient identifiable?
 - Source known and tested
 - Source known, but not tested
 - Source not known
4. Was the source patient known to be positive for any of the following pathogens (Check all that apply):
 - Hepatitis B
 - Hepatitis C
 - HIV
 - Respiratory tuberculosis
 - Bacterial meningitis
 - Other: _____
5. If the source patient was believed to be in a high-risk group for a blood-borne pathogen, please check all that apply:
 - Blood product recipient
 - Injection drug use
 - Elevated liver enzymes
 - Other: _____
 - Hemophilia
 - Sexual history
 - Dialysis
6. Student seen and exposure evaluated by (check all that apply):
 - UNR Student Health
 - Private health care provider
 - Emergency room
 - Clinical agency employee health
 - No follow-up care received
 - Other _____
7. Was the student vaccinated against HBV before exposure?
 - No
 - 1 Dose
 - 2 Doses
 - 3 Doses
8. What follow up care was received after evaluation of this exposure:
 - None
 - Baseline testing only
 - HAART post-exposure prophylaxis
 - Other prophylaxis: _____
 - Other: _____