

Bloodborne Pathogen Exposure Control Plan

I. Purpose

The purpose of this plan is to bring Montana Tech into compliance with the Montana Occupational Safety and Health Act (50-71-111-123 Montana Code Annotated (MCA) and 24.30.102 Administrative Rules of Montana (ARM)), and the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard (29 Code of Federal Regulation (CFR) 1910.1030). The Montana Tech written Bloodborne Pathogen Exposure Control Plan (BBP) is designed to protect employees from possible infection caused by bloodborne pathogens. See Appendix A for definitions.

II. Responsibilities

Department Heads, Program Managers – Department heads and program managers are responsible for carrying out the Bloodborne Pathogens Exposure Control Plan in accordance with these written procedures and the *General Guidelines and Standard Operating Procedures* found in Appendix B. Department heads and program managers are responsible for reviewing and approving the use of human materials in classrooms and teaching laboratories. Department heads and program managers are responsible for identifying employees to be involved in the BBP plan and to ensure employees are offered the Hepatitis B vaccination (see more information in Section V of the program). Department heads and program managers must also ensure the identified employees are aware of this written program, provide appropriate training, and notify the EHS Director of any occupational exposure incident.

Employees – are responsible for complying with procedures established by the supervisor in accordance with this program to minimize the risk of exposure. Employees are also responsible for informing the supervisor of any exposure.

Instructors – are responsible for identifying any activities in the classroom and teaching laboratory involving the potential for exposure to BBP. Instructors must obtain department approval for any new activities. Training to the students on appropriate protection technique must transpire prior to the activities and be documented.

Office of Environmental Health and Safety (EHS) - is responsible for administering and managing the Bloodborne Pathogens Exposure Control Program, coordinating the disposal of infectious waste materials, assisting departments in evaluating potential exposures and assisting in employee training if needed.

III. Exposure Determination

Montana Tech has determined the following job classifications to be included:

- Nursing staff,
- Custodians, and
- Maintenance workers.

See Appendix D for a complete description.

IV. Compliance Methods

Universal Precautions or Standard Precautions will be observed by all Montana Tech personnel to prevent contact with blood or other potentially infectious materials. According to the concept of Universal Precautions, all blood and other bodily fluids are treated as potential sources of contamination.

General Guidelines and Standard Operating Procedures (Appendix B) must be followed at all times.

V. Hepatitis B Virus Vaccination Program

OSHA regulations require employers to offer the Hepatitis B Virus (HBV) vaccine free of charge to employees in job classifications where employees have the potential for occupational exposure to blood or other body fluids. The vaccine must be offered within 10 working days of initial assignment. The vaccine can be administered at Butte Silver Bow Health Department, the Community Health Center, or a private physician.

Employees who choose not to accept the vaccine must sign the declination form found in Appendix C. However, should the employee decide to get the vaccine, the

vaccine is still free of charge for the employee (provided the employee still has the potential for occupational exposure to BBP.)

In the event that the immunization rider would no longer be available by insurance carries, departments or programs would be responsible for the cost of the immunizations. If a department employs students who have the potential for exposure to BBP, the department is responsible for the cost of the immunization.

VI. Post-Exposure Evaluation and Follow-up

If an exposure occurs, the employee must report the incident to the supervisor or instructor(s) who will notify the EHS Director. Work will begin to determine the source individual's identity, arrange for testing of the source individual, and communicate with the physician evaluating the employee. The employee must complete an **Exposure Incident Report** (Appendix E) and the **First Report of Occupational Injury** (link found on the EHS website and Personnel website). A copy of the Exposure Incident Report must be given to the evaluating physician by the employee, and a copy will be maintained in the employee's confidential file in the EHS Office.

VII. Post-Exposure Medical Evaluation

Following the report of an exposure, the exposed employee will receive a confidential medical evaluation and medical follow-up conducted by a licensed physician or healthcare professional at no cost to the employee. See Appendix F for documentation that must be submitted to the healthcare professional. The evaluation must include the following:

- A. Documentation of the route of exposure and the circumstances under which the exposure incident occurred.
- B. Identification of the source individual, where possible and not prohibited by state or local law.
- C. HBV and HIV blood test results of the source individual as required, if feasible and after consent is obtained, unless the source is already known to be infected with HBV or HIV. If consent is not obtained, the healthcare provider will establish and document that legally required consent cannot be obtained.

The exposed employee will be offered blood collection and/or testing. All required laboratory tests must be done by an accredited laboratory at no cost to the employee. The employee has the right to refuse either or both. However, if the exposed employee gives consent for blood collection, but not for HIV testing, the blood is kept for 90 days. During this time the employee can choose to have the sample tested.

Appropriate post-exposure prophylaxis is offered to the employee by the healthcare provider. This includes immunoglobulin for Hepatitis B. The recommendations of an evaluating physician who is familiar with current CDC guidelines on post-exposure prophylaxis treatment for HIV and Hepatitis C are followed in the event of HIV or Hepatitis C exposure.

Counseling and evaluation of any reported illnesses are provided at no charge to the exposed employee.

Results of the source individual's blood test will be made available to the exposed individual in accordance with state and local laws.

VIII. Written Opinion of Healthcare Professional

A written opinion by the evaluating healthcare professional is included in the employee's confidential medical record. The written opinion is made available to the exposed person within 15 days of the completion of the evaluation. The written opinion for post-exposure follow-up will be limited to the following information:

- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from the exposure that requires further evaluation or treatment.

The written opinion for the HBV vaccination will be limited to whether the HBV vaccination series is indicated, and whether the employee has received the vaccination series.

IX. Recordkeeping

The following recordkeeping procedures will be followed.

Medical records are confidential and are kept for all employees with occupational exposure and must include:

- Employee's name and social security number
- Hepatitis B vaccination status, including dates of vaccinations, records relating to employee's ability to receive the vaccine, and signed declination form where applicable.
- All information given to the evaluating healthcare professional in the event of an exposure incident.
- A copy of the evaluator's opinion.

Written permission is required for access to the employee's medical record.

X. Training

Training for all employees will be conducted prior to initial assignment to tasks where potential occupational exposure may occur. See Appendix G for the required training information.

XI. Post Exposure Protocol

The sites listed below are equipped to provide post exposure evaluation and treatment to employees of Montana Tech.

- Intermountain Healthcare (previous St. James Hospital)
- Private physician

Employee MUST:

- Report an occupational exposure within 24 hours to his or her immediate supervisor, who must immediately notify the EHS Director.
- Complete "First Report of an Occupational Injury" and initiate the "Employee Occupational Exposure Incident Form."

- Go to one of the facilities listed above for treatment. Take the required documentation to the appointment (see Appendix F.) An exposure while on duty is considered a Workers' Compensation case if it meets the definition of an accident under the Workers' Compensation Statute.

XII. Student Procedures

See Appendix H for Montana Tech's Bloodborne Pathogen Student Procedures.

Updated: 2024

Appendix A: Definitions

Blood: human blood, human blood components and products made from human blood.

Bloodborne pathogens: microorganisms that are present in human blood and can cause disease in humans. These pathogens include Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

Contaminated: the presence, or the reasonable anticipated presence, of blood or other potentially infectious materials on an item or surface.

Decontamination: the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering controls: control measures that isolate or remove the bloodborne pathogen hazard from the workplace, including sharps disposal containers and self-sheathing needles.

Exposure incident: when an employee has contact with blood or other potentially infectious materials as a result of his or her duties. This contact includes specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact.

Licensed Healthcare provider: a person whose legally permitted scope of practice allows him or her to independently perform the activities required to administer HBV vaccination and post-exposure evaluation and follow-up.

Hepatitis B Virus (HBV): causes an infection with symptoms of anorexia, malaise, nausea, vomiting, abdominal pain, jaundice, and skin rashes. The infection can become chronic and progress to cirrhosis of the liver and liver cancer.

Hepatitis C Virus (HCV): causes a contagious viral disease characterized by inflammation of the liver, and in many cases, permanent damage to the liver and death.

Human Immunodeficiency Virus (HIV): attacks white blood cells called T-cells which are vital to the immune system. A person infected with HIV becomes susceptible to contracting other opportunistic diseases.

Non-intact skin: skin that has cuts, abrasions or other openings through which bloodborne pathogens could enter the bloodstream.

Occupational exposure: reasonably anticipated employee contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. This includes skin, eye, mucous membrane or parenteral contact.

Other potentially infectious materials (OPIM):

1. Human body fluids
 - Semen
 - Vaginal secretions
 - Fluid in the joints (synovial fluid)
 - Fluid surrounding the heart (pericardial fluid)
 - Fluid that protects the fetus (amniotic fluid)
 - Fluid in the brain and spinal cord (cerebrospinal fluid)
 - Fluid in the lungs (pleural fluid)
 - Abdominal fluid (peritoneal fluid)
 - Saliva in dental procedures
 - Any body fluid that is visibly contaminated with blood.
 - All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Any unfixed tissue or organ (other than intact skin) from a human, living or dead.
3. HIV containing cell or tissue cultures, organ cultures, and HIV, HBV or HCV containing culture medium or other solutions.
4. Blood, organs or other tissues from experimental animals infected with HIV, HBV, or HCV.

Parenteral: puncture wounds to the mucous membranes or the skin barrier caused by needlesticks, human bites, cuts and abrasions.

Personal protective equipment (PPE): specialized clothing or equipment worn by an employee for protection against a hazard.

Regulated waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological or microbiological wastes containing blood or other potentially infectious materials.

Sharps: any object that can penetrate the skin, including needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

Source individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Sterilize: the use of a physical or chemical procedure to destroy all bacteria.

Universal Precautions or Standard Precautions: an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

Work practice controls: controls that reduce the likelihood of exposure by changing the way a task is performed.

Appendix B: General Guidelines and Standard Operating Procedures

The following guidelines have been adopted by Montana Tech in order to simplify compliance with the standards that govern bloodborne pathogens.

1. Handwashing – Employees are to wash their hands and any other potentially contaminated skin with soap and potable water immediately or as soon as possible following contact with any potentially infectious material. Mucous membranes (eyes, mouth, and nose) are to be flushed with potable water immediately or as soon as possible after contact with potentially infectious material.

Where handwashing facilities are not available, an antiseptic cleaner in conjunction with clean cloth/paper towel or antiseptic towelettes should be used. If antiseptic hand cleaners or towelettes are used, the contaminated area is to be washed with soap and running potable water as soon as possible after exposure.

Employees are to wash their hands with soap and water as soon as feasible after removal of gloves. See number 8 in this section for additional information on wearing gloves.

2. Housekeeping – Any contaminated area must be cleaned and decontaminated after each time that it is contaminated. Decontamination will be accomplished utilizing a **1:10 mixture of household bleach to water**. An EPA registered germicide may be used in place of the above mixture. Instructions and precautions on the germicide label must be read and followed. All contaminated work surfaces will be decontaminated after completion of procedures and immediately, or as soon as reasonably feasible, after any spill of a potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning. All bins, pails, cans, buckets, and similar receptacles must be inspected and decontaminated on a regular basis. Any broken glassware that may be contaminated must not be picked up directly with the hands, even if gloves are worn. Use mechanical means such as tongs or a broom and dustpan to pick up glass (do not use a vacuum), and decontaminate the area with a bleach solution and a mop; the use of paper towels creates a solid waste hazard. Dispose of glass in a plastic puncture resistant container and place in a biohazard bag. A sharps container may be substituted in place of this method of disposal.
3. Containers for Sharps – Contaminated sharps are to be placed into appropriate Sharps containers as soon as possible after use. Sharps containers must be puncture resistant, labeled with biohazard label and be leak proof.

4. Work Area Restrictions – In areas where there is a reasonable likelihood of exposure to potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, use tobacco products, or handle contact lenses.
5. Needles – Contaminated needles and other contaminated sharps cannot be broken, bent, or recapped. They must be placed in an appropriate Sharps container.
6. Regulated Waste – All contaminated sharps must be discarded as soon as feasible in Sharps containers which must be easily accessible to personnel and as close as feasible to the immediate area where the sharps are used. During use, containers for sharps will be maintained in an upright position throughout use and replaced as needed to prevent overfilling. When moving containers of contaminated sharps from the area of use, the containers must be closed immediately prior to removal. Tape may be used to secure a lid, but cannot be used as the lid itself. If leakage is possible, the Sharps container must be placed in a sealable secondary container to prevent leakage during handling, storage, transport or shipping. If outside contamination of the regulated waste container occurs, it must be placed in a secondary container. Disposal of all regulated waste must be in accordance with applicable regulations.
7. Labels – Warning labels must be affixed to containers of regulated waste or other potentially infectious materials.
8. Personal Protective Equipment (PPE) – The use of PPE is mandatory when exposure to potentially infectious materials is anticipated. All PPE will be provided at no cost to the employee. Gloves must be worn where it is reasonably anticipated that employees will have contact with potentially infectious material, non-intact skin, and mucous membranes. Gloves are available from the custodial supervisor, supervisor or course instructors. Gloves **must** be worn:
 - a. When direct care of a student or coworker may involve contact with blood or other potentially infectious materials, non-intact skin, and mucous membranes.
 - b. When contact with urine, feces and respiratory secretions is anticipated.
 - c. When providing mouth, nose, or tracheal care.
 - d. If the caregiver has broken skin on the hands, including around the nails.
 - e. When cleaning up spills of blood, bodily fluids and wastes, and soiled supplies.

Appendix C: Hepatitis B Vaccination Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Employee Representative Signature: _____ Date: _____

This document must be printed, signed and sent (mail or email) to the director of EHS, or brought to the office of EHS in the Chemistry Biology Building (CBB) 003.

Appendix D: Potentially Exposed Employees

The following tables illustrate the tasks and situations that employees are subjected to that could potentially contribute to an exposure to bloodborne pathogens.

<i>Job classification</i>	<i>Work Task</i>	<i>Exposure Situation</i>
Nursing Staff and Students	Handling patients	Contact with blood or other bodily fluids.
	Handling syringes and needles	Accidental self-inoculation and needle-sticks.
	Handling vials, other containers of blood and bodily fluids	Breakage of containers may lead to contact with blood and other bodily fluids.
	Working with medical hand pieces and equipment containing blood or bodily fluids	Cuts and pricks from equipment; contact with infectious materials from spills, splashes, and routine equipment handling procedures.
	Collecting specimens of blood and other bodily fluids	Accidental self-injection. Spillage of fluids. Aerosol droplet contamination.
	Preparing samples of blood or other bodily fluids for microscopic examination	Cutting finger on sharp edges of slide/cover slip. Exposure through non-intact skin.
	Testing specimens of blood, other bodily fluids.	Accidental self-injection. Spillage of fluids. Aerosol droplet contamination.
	Pulmonary function test administration.	Aerosol droplet contamination
	Administration of cardio-pulmonary resuscitation (CPR)	Contact with saliva, open wounds of the mouth, aerosol droplets
	Cleaning and disposal of incontinent stool, urine, emesis	Contact with bodily fluid, accidental spillage
	Use of scalpel and needles for debriding calluses.	Contact with blood or other bodily fluids
Environmental Health and Safety Director	Responding to accidents, possibly handling victims.	Contact with blood and other bodily fluid.
Campus Security	Responding to accidents, possibly handling victims.	Contact with blood and other bodily fluids.
Custodian and Maintenance Personnel	Cleaning sinks, toilets, other bathroom fixtures.	Contact with blood and other bodily fluids.
	Removal of waste.	Contact with feminine sanitary items and other potentially contaminated materials. Handling disposed syringe needles and other potentially contaminated sharps.
	General site clean-up	Contact with disposed syringe needles, disposed personal items, and other potentially infectious materials.
	Clean-up of vomit, other bodily fluids.	Contact with potentially infectious fluids and materials.

Appendix E: Employee Exposure Incident Form

Employee Name:	
Job Title:	Date of Incident:
Employee ID #:	Date Reported:
Department/Building:	

<p>Types of Exposure:</p> <input type="checkbox"/> Human bite <input type="checkbox"/> Blood/body fluid splash <input type="checkbox"/> Open wound, scratch, or abrasions contaminated with blood/body fluid/urine/stool <input type="checkbox"/> Puncture or scratch from sharp object Needle stick: <input type="checkbox"/> Following venipuncture <input type="checkbox"/> From IVP or VIPB <input type="checkbox"/> Following injection <input type="checkbox"/> Other (describe):
Describe exposure incident in detail:
What actions were taken immediately following the incident?
What precautions were in use at the time of the incident? Check all that apply. <input type="checkbox"/> Gloves <input type="checkbox"/> Eyewear <input type="checkbox"/> None <input type="checkbox"/> Gown/Apron <input type="checkbox"/> CPR Shield <input type="checkbox"/> Other (specify): <input type="checkbox"/> Mask

Dates of HBV vaccinations:	
Employee Signature:	Date:
Supervisor Signature:	Date:

Follow-up	
Employee referred to physician of choice. Seen by: <input type="checkbox"/> Private Physician <input type="checkbox"/> Hospital / ER <input type="checkbox"/> Declined to be seen	Date:
Employee's blood drawn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Employee offered HIV testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Date:

This document must be printed after completion, signed, and sent to EHS or brought to the EHS office CBB 003.

Appendix F: Post-Exposure Documentation

In accordance with 29 CFR 1910.1030(f)(4)(ii)(A) through (E), the following documentation must be provided to the healthcare professional evaluating an employee after an exposure incident:

- A copy of 29 CFR 1910.1030
- A description of the exposed employee's duties as they relate to the exposure incident. Appendix E, Employee Occupational Exposure Incident Form, meets this requirement.
- Documentation of the route(s) of exposure and circumstances under which exposure occurred. Appendix E, Employee Occupational Exposure Incident Form, meets this requirement.
- Results of the source individual's blood testing, if available: and
- All medical records relevant to the appropriate treatment of the employee, including HBV vaccination status, which are the employer's responsibility to maintain.

Appendix G: Training

The following information is required information for training:

- A. Information regarding the standard and an explanation of its requirements;
- B. A general explanation of the epidemiology and symptoms of bloodborne diseases;
- C. An explanation of the modes of transmission of bloodborne diseases;
- D. An explanation of the employers' exposure control plan and the means by which the employee can obtain a copy of the written program;
- E. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- F. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- G. Information on the types, location, proper use, and disposal of personal protective equipment;
- H. Information on the Hepatitis B vaccine, including its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine is offered, pre- and post- exposure, free of charge;
- I. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- J. An explanation of the procedure to follow if an exposure occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- K. An explanation of the signs and labels and/or color coding required;
- L. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

M. An opportunity for interactive questions and answers with the person conducting the training.

Appendix H: Bloodborne Pathogen Student Procedure

I. Purpose

Students in any academic, research, or occupational program at Montana Tech who are at risk for bloodborne pathogen exposure are required to present documentation of serologic evidence of immunity to hepatitis B (HBV), either by vaccination or previous infection. Students who cannot meet this requirement for legitimate religious or medical reasons must have their case reviewed by the Montana Tech Biohazard Committee on an individual basis. If the Committee grants a waiver, they must do so in writing prior to the student's acceptance into the clinical component of the nursing program. In other departments, the waiver must be granted in writing prior to the student's first potential exposure to human blood or other potentially infectious materials. Records of the waiver must be kept in the students' files within the department that is requiring the immunization.

II. Procedure

A. Students who are unable to meet the requirements of documentation of immunity for religious or medical reasons must provide written documentation of the reasons which preclude immunization for review by the Biohazard Committee. Request for review by the Biohazard Committee must be made prior to application for admittance into the nursing program. For other departments, the request for review must be made at least two weeks prior to the first potential exposure to human blood or other potentially infectious materials to allow time for resolution.

B. Effective June 1999, students are required to present the following information prior to admittance into the nursing program, or in other departments, prior to their first potential exposure to human blood or other potentially infectious materials. Students will not be allowed in areas or settings which may present their first potential exposure to human blood or other potentially infectious materials without this documentation.

1. Documentation of serologic immunity; or
2. Documentation of immunization series; or
3. Signed waiver of exemption from immunization requirements

III. Exposures

A. If a student has an exposure (i.e. eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials) in a setting sponsored by

Montana Tech, the student must follow the policy and/or procedure of the facility where they are working. The student is responsible for the cost of post-exposure testing. Students can go to the Student Health Center, Intermountain Healthcare (previous St. James Hospital), or a private physician for testing and counseling. Records of the exposure and follow-up must be kept in a confidential file in the Environmental Health and Safety office.

B. If a student has an exposure, the student must report it immediately to the instructor or supervisor. A Student Exposure Incident Form (below) must be completed by the student, signed by the student and instructor or supervisor, and sent to the Office of Environmental Health and Safety.

IV. Training

Student training must be done prior to the student's first potential exposure to bloodborne pathogens. The training must include the requirements of the Bloodborne Pathogen Standard, Universal Precautions, and the Montana Tech Bloodborne Pathogens Exposure Control Plan. The training may be incorporated into class materials or done through training provided by the Office of Environmental Health and Safety.

Student Exposure Incident Form

Student Name:	
Student ID #:	Date of Incident:
Department/Building:	Date Reported:

<p>Types of Exposure:</p> <input type="checkbox"/> Human bite <input type="checkbox"/> Blood/body fluid splash <input type="checkbox"/> Open wound, scratch, or abrasions contaminated with blood/body fluid/urine/stool <input type="checkbox"/> Puncture from sharp object <p>Needle stick:</p> <input type="checkbox"/> Following venipuncture <input type="checkbox"/> From IVP or VIPB <input type="checkbox"/> Following injection <input type="checkbox"/> Other (describe):
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Describe exposure incident in detail:

What actions were taken immediately following the incident?

What precautions were in use at the time of the incident? Check all that apply.

<input type="checkbox"/> Gloves <input type="checkbox"/> Eyewear <input type="checkbox"/> None <input type="checkbox"/> Gown/Apron <input type="checkbox"/> CPR Shield <input type="checkbox"/> Other (specify): <input type="checkbox"/> Mask
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Date of HBV vaccinations:

Student Signature:	Date:
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Instructor/Supervisor Signature:	Date:
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Signature of person preparing report:	Date:
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Follow-up	
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Student referred to physician of choice. Seen by: <input type="checkbox"/> Private Physician <input type="checkbox"/> Hospital / ER <input type="checkbox"/> Student Health Center <input type="checkbox"/> Declined to be seen	Date:
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Other comments:

This document must be printed after completion, signed, and sent to EHS or brought to the EHS office CBB 003.