

# Patient Notification of Exposure

Exposed Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Date of Patient Notification: \_\_\_\_\_

Information Provided: \_\_\_\_\_

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Post Exposure Prophylaxis Discussion: \_\_\_\_\_

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Follow Up Testing Recommended: \_\_\_\_\_

Lab Requisitions Provided:     6 wks     12 wks     6 mo

Follow Up Testing Not Recommended. Reason(s) why: \_\_\_\_\_

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Other Discussion (if applicable): \_\_\_\_\_

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Staff providing Notification \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Acknowledgment \_\_\_\_\_ Date: \_\_\_\_\_