



**Snohomish School District No. 201**  
**Post-Exposure**  
**Evaluation Information**

6512F4  
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Exposed Employee Consent Form signed: Yes ☐ No ☐ Date signed: \_\_\_\_\_

Medical evaluation arranged: Yes ☐ No ☐

If no, reason: \_\_\_\_\_

Evaluating health care professional:

Name: \_\_\_\_\_ Tel. No.: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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**Remainder of this Form to be Completed by District Designee**

Required materials sent: Yes ☐ No ☐  
Date sent: \_\_\_\_\_

Written opinion received within 15 days of evaluation: Yes ☐ No ☐  
Date received: \_\_\_\_\_

Copy of opinion provided to exposed employee: Yes ☐ No ☐  
Date provided: \_\_\_\_\_

Copy of opinion placed in employee's medical record: Yes ☐ No ☐  
Date placed in record: \_\_\_\_\_

Signature(s) and position(s) of person(s) completing this portion of the form:

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentially Information:**

Employee informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual: Yes ☐ No ☐ Date Information Provided: \_\_\_\_\_

Signature(s) of person(s) completing this portion of the form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A Copy of This Document Must be Placed in the Employee's Medical Record File**

Rev. 5/19