

**MONTANA MENTAL HEALTH NURSING CARE CENTER**  
**EXPOSURE CONTROL PLAN**  
**POST-EXPOSURE FOLLOW-UP FORM**  
**HEALTH CARE WORKER**  
**\*\*\*\*\*CONFIDENTIAL\*\*\*\*\***

1. Health Care Worker seen by:  
 Infection Control Nurse \_\_\_\_\_ Nursing Supervisor \_\_\_\_\_ Director of Nursing \_\_\_\_\_  
 Emergency Room \_\_\_\_\_ Other \_\_\_\_\_ Explain \_\_\_\_\_

2. Was the Health Care Worker vaccinated against HBV before exposure? Yes/No  
 Number of doses given: \_\_\_\_\_ HB antibody level: \_\_\_\_\_

3. Was Health Care Worker pregnant? Yes/No If yes, which trimester? \_\_\_\_\_

4. Results of baseline tests:

PATHOGEN	TEST	RESULT	DATE DRAWN
HEPATITIS B			
HEPATITIS C			
HIV			
OTHER			

5. Check all post-exposure treatment/prophylaxis given to the health care worker and  
 FILL IN THE DOSAGE:

TREATMENT	DOSE	DATE GIVEN	COMMENTS
HBIG			
HBV VACCINE	1 _____ 2 _____ 3 _____ Booster _____	_____ _____ _____ _____	
HIV ANTIRETROVIRAL			
OTHER			

6. Results of follow-up tests:

PATHOGEN	TEST	RESULT	DATE DRAWN
HEPATITIS B			
HEPATITIS C			
HIV			
OTHER			

7. Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
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