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

1. Was the Source Patient identified? Yes/No

   If no, explain: _____

2. Was the Source Patient known and tested? Yes/No
   If no, explain: _____

PATHOGEN	TEST	RESULT	DATE DRAWN
HEPATITIS B			
HEPATITIS C			
HIV			
OTHER			

3. Additional Source Patient comments: _____
   _____
   _____
   _____