

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Initial Medical Evaluation Clearance - Bloodborne Pathogen Exposure

Dear [Employee Name],

In accordance with the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030), you have completed an initial medical evaluation following the exposure incident that occurred on [Date of Incident].

This letter serves as the healthcare professional's written opinion regarding your evaluation:

- You have been informed of the results of this medical evaluation.
- You have been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- Regarding Hepatitis B vaccination: [Select one: Vaccination is indicated and has been initiated / Vaccination is not indicated].

All other findings or diagnoses remain confidential and are not included in this report to the employer.

Please follow the schedule provided to you for any necessary follow-up testing or appointments.

Sincerely,

[Healthcare Professional Name/Signature]

[Medical Facility Name]

[Contact Information]

Employer Copy Received By:

Name: _____

Date: _____