APPENDIX G

Dear Doctor,

A WORKNET Occupational Medicine physician has examined _____ for exposure to blood and/or body fluids. Initial care has been rendered based upon preliminary information regarding the source.

The Source Person of the offending blood or body fluid has been identified to us as _____ _____.

Please make the following certification, based upon your knowledge as the Attending Physician, using History and Serologic data where appropriate. This determination is in compliance with the Federal Regulations enacted as part of the Ryan-White "CARE" Act, and the Pennsylvania "Confidentiality of HIV-Related Information Act" 1990-148.

The Exposed individual has consented to HIV testing, **and thus requests voluntary/involuntary testing of the Source for HIV, in addition to Hepatitis B and C.**

Thank you for your cooperation in this matter.

WORKNET Occupational Medicine,

Physician: _____ Request Date: _____

Please fill out the below information and fax to 215-762-1448

- There is NO Significant Blood or Body Fluid Exposure (i.e. Source Patient is Negative for the following):
  - ☐ Hepatitis B
  - ☐ Hepatitis C
  - ☐ HIV
- There IS a significant Blood or Body Fluid Exposure (i.e. Source Patient is Positive for the following):
  - ☐ Hepatitis B
  - ☐ Hepatitis C
  - ☐ HIV
    - ☐ High Viral Load
    - ☐ Low Viral Load
  - ☐ Previously exposed to the following anti-viral agents: _____
    Date:_____/_____/_____

Certifying Attending Physician, Medical Officer, or "Designated Officer":

Signature: _____ Date: _____

Name: _____ Phone: _____

EXAMPLE (completed by HCP only)