



HEALTH CARE PROFESSIONAL'S WRITTEN OPINION—*Confidential*

MCPS Form 230-34
July 2012

Systemwide Safety Programs Unit
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS: Send this completed opinion to: Montgomery County Public Schools, Systemwide Safety Programs Unit, 240-314-1070.

Note: All medical records shall be kept confidential and may not be disclosed or reported without the employee's express written consent to any person within or without the workplace except as required by law, but may be reviewed and copied by the employee who is the subject of the file. Questions regarding the MCPS Bloodborne Pathogens program may be directed to the Systemwide Safety Programs Unit, 240-314-1070.

Employee _____ Date ____/____/____

Employee has been informed of the results of his/her post-exposure evaluation. Yes No

Employee has been told about any medical conditions resulting from exposure to blood
or other potentially infectious materials which require further evaluation or treatment Yes No

Hepatitis B vaccination was: Recommended Refused Administered

Physician _____ Date ____/____/____

Address _____

