Georgia Southern University
School of Nursing

Recommendations for Follow-up of Student Accident/Injury

Name and Address of Physician or Agency providing follow-up care

FOLLOW-UP for Exposure to Blood and Body Fluids
Student exposed to blood and body fluids is referred to Student Health Services, private physician or other licensed health care provider, or health school for status assessment, testing, and counseling.

Student is informed of:
___ potential risk of HIV of HBV transmission
___ test results from source individual (if tested)
___ any medical condition(s) resulting from the accident/injury which may require further evaluation or treatment
___ medical information is to be considered strictly confidential
___ need for blood testing and immunization therapy
___ advice to report any illness which occurs in the follow-up period
___ to refrain from donating blood or organs during follow-up
___ to abstain from/or use protective measures during sexual activities
___ (if female) not to breast-feed
___ to keep all follow-up medical appointments

FOLLOW-UP of Exposure to Tuberculosis or other Airborne Pathogens
Student exposed to tuberculosis or other airborne pathogens is referred to private physician, health department, or other licensed health care provider for status assessment, testing, and counseling.

Student is informed of:
___ potential post-exposure Activities:
___ base line PPD status
___ post-exposure PPD if negative history
___ prophylactic chest X-ray
___ prophylactic drug therapy
___ to keep all follow-up medical appointments
___ requirements for Medical Clearance prior to return to clinical setting

FOLLOW-UP of Other Accidents/Injuries
Student involved in injury is referred to Student Health Services, private physician or other licensed health care provider, or local emergency facility for status assessment, testing, and counseling.

Student is informed of:
___ any medical condition(s) resulting from the incident which may require further evaluation or treatment
___ medical information is to be considered strictly confidential
___ to keep all follow-up medical appointments
___ requirements for Medical Clearance prior to return to clinical setting
___ Other (specify):

Signature of Instructor __________________________  Date ________________

Signature of Student _____________________________  Date ________________