

## **Bloodborne Pathogen Exposure Form**

To Whom It May Concern:

\_\_\_\_\_ is an employee of Roger Williams University. He/She has been involved in an accident that may have put this individual at risk for bloodborne pathogen exposure. The University Health Service is closed at this time. Please evaluate this individual to determine risk of HIV/HBV exposure and provide appropriate care and follow up, for example Hepatitis B vaccination.

All bills may be forwarded to the **Personnel Department** at Roger Williams University.

Thank you for your assistance with this matter.

Sincerely,

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Roger Williams University