



METROPOLITAN  
POLICE

# HBV Risk Assessment Form

NEW  
SCOTLAND  
YARD

Date

Officer Name

Station Address

Contact

E-mail	Phone
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Infection Risks

Assault / Accident & Crime Scenes / Tasar & Needlesticks / Handcuffs

Injection 1 / Injection 2 / Injection 3	Y/N	Y/N	Y/N
Titre / immunity certificate	Y/N	Y/N	
5 year booster	Y/N		
Special Risks Run			
HBV Test Results	Vaccinated	Infected cleared	Infected
HCV Test Results		Infected Cleared	Infected