



RESPONSIBLE PHYSICIAN FORM

You have received this document because you are chosen to be the Responsible Physician for:

Name :

IC no :

The Malaysian Medical Council's (MMC's) guideline on Medical Practitioners with Blood Borne Viruses (BBV) states that medical practitioners with BBV must be under the management of a Responsible Physician who will provide advice on matters relating to his/her practice. The Responsible Physician can be either:

- The infected practitioner's personal Physician and / or
- The Physician chosen by the President of the Malaysian Medical Council.

The principle behind allowing practitioner living with BBV to undertake Exposure Prone Procedures (EPPs) whilst on therapy relies on continuing care and regular viral load monitoring by their Responsible Physician. Effective monitoring requires a close working relationship between the infected practitioner, Responsible Physician, and Specialist Occupational Physician from the employing organization to ensure that the policy is adhered to, thus minimizing the risk of transmission. Responsibility for the ongoing monitoring of practitioners living with HBV or HIV cleared to perform EPPs, in accordance with this guidance, rests jointly with the Specialist Occupational Physician and the Responsible Physician.

A. Roles of the Responsible Physician:

The Responsible Physician is responsible for the monitoring of the infected practitioner including:

- i. **Ensuring that the testing protocol and timings are followed to give a periodic report to MMC as instructed, using the form provided.**
- ii. **Notify MMC and the specialist occupational physician or relevant person in the employing organization if the infected medical practitioner,**
 - a. **does not attend their appointments or failed to be tested within the prescribed time frame without prior notification and adequate justification**
 - b. **refused to have their viral load tested, or**
 - c. **continue to perform EPPS when excluded by these guidelines**
 - d. **non-compliance to treatment**
- iii. **Interpreting the viral load results in relation to clearance to perform EPPs and ensuring the samples are identified and validated samples (IVS)**

I have read and understood the above requirements and hereby agree to be the Responsible Physician for the above practitioner. I agreed upon the roles and responsibilities stated herewith and will perform them diligently to the best of my capabilities.

SIGNATURE:

NAME:

DATE: