EXPOSURE INCIDENT REPORT
(Routes & Circumstances of Exposure Incident PLEASE PRINT)

Date completed: ____/___/___ Employee's Name: _____

SS#: ____/ ___/____ Home Phone: _____ Work Phone:_____

DOB: ___/___/___ Job Title:_____Date of exposure: ___:___ am/___:___ pm

Employee Vaccination Status:_____ Time of Exposure: ___:___ am /___:___ pm

Location of incident (home, street, clinic, etc. - be specific):

_____

Nature of incident (auto accident, trauma, medical emergency) - be specific:

_____

_____

Were you wearing personal protective equipment (PPE)? Y / N. If yes, list: _____

Did the PPE fail? Y / N. If yes, explain how:

_____

_____

What body fluid(s) were you exposed to (blood or other potentially infectious material)? Be specific:

_____

_____

What parts of your body became exposed? Be specific: _____

Estimate the size of the area of your body that was exposed:_____
For how long?_____

Did a foreign body (needle, nail, auto part, dental wire, broken glass, teeth, etc.) penetrate your body? Y / N
If yes, what was the object/device?_____

Was any fluid injected into your body? Y / N. If yes, what fluid?_____
How much? _____ Did you receive medical attention? Y / N
If yes, where?_____
When?_____By whom?_____

Identification of source individual's Name _____

Did you treat the patient directly? Y / N. If yes, what treatment did you provide? Be specific:

_____

_____

Other pertinent information:_____

_____

Completed by: _____ Title:_____