EXPOSURE REPORT FORM

Patient Information:

Name:_____

Sex:____ Age: _____ Patient #: _____

Exposure Information: ◯ Bloodborne ◯ Airborne

Exposed to:

☐ Blood
☐ Bloody Fluid
☐ Other: _____

Area Exposed:

☐ Hands ☐ Nose
☐ Face ☐ Mouth
☐ Eyes ☐ Other:_____

Personal Protective Equipment Used:

☐ Yes ☐ No Type: _____

Task being performed: _____

Needle safe device used: ☐ Yes ☐ No

Was Exposure Preventable: ☐ Yes ☐ No

Disease Involved in the Exposure:

☐ HBV ☐ HCV ☐ HIV

☐ Syphilis ☐ TB ☐ Meningitis

☐ Other: _____

Exposure Determination by Designated Officer:

☐ Exposure Occurred ☐ Exposure was reported to D.O., but DID NOT occur

Employee Information:

Name: _____ SS#: _____

Phone #: _____

Exposure date: _____ Exposure time: _____

Exposure Location: Facility: _____ Unit: _____

Reported to: _____ Reported time: _____

First Aid Performed: ☐ Yes ☐ No

Source patient Blood drawn: (HIV rapid test, HBV, HCV) ☐ Yes ☐ No

Reporting Process:

Preceptor/ Instructor Notified: ☐ Yes ☐ No

Designated Officer Notified: ☐ Yes ☐ No

Post-Exposure Follow Up:

Employee Given Source Patient Results: ☐ Yes ☐ No

Date: _____ Time: _____

Employee Medical Follow Up Referral to: (facility)_____

Date: _____ Time: _____

Physician: _____

Treatment: _____

Provider Level of Certification:

☐ First Responder ☐ EMT ☐ EMT-Advanced

☐ EMT-Intermediate ☐ Paramedic

Demographics:

☐ Career ☐ Volunteer ☐ Combined

Location: City: _____ State: _____

Description of Exposure Event Narrative:

_____

_____

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Signature: _____ Date: _____