

POSSIBLE BLOOD-BORNE PATHOGEN EXPOSURE FORM

NAME _____ CWID# _____

DATE/TIME OF INCIDENT: _____

NOTE: STUDENT MUST GO TO STUDENT HEALTH SERVICES

AGENCY COPY OF INCIDENT ATTACHED YES _____ NO _____

DESCRIBE IN DETAIL the incident which may have resulted in an exposure to blood-borne pathogens. Note, effective 01-18-01, Federal law requires clear documentation of the brand and type of device involved in the incident, the department/work area and an explanation of the event in any site under the jurisdiction of OSHA requirements.

WHAT ACTION WAS TAKEN IMMEDIATELY? Include names and positions of persons to whom the incident was reported, ER visits, lab tests performed (be specific), counseling and any medications prescribed and/or taken. **ALSO, INCLUDE DECLINATIONS OF ANY OF THE ABOVE.**

WAS BLOOD DRAWN ON THE INDIVIDUAL EXPOSED? YES _____ NO _____

WAS THERE LAB DATA FOR BBP ON THE SOURCE OF THE EXPOSURE AVAILABLE AT THE TIME OF THE INCIDENT? Mark all that apply. Include lab reports.

HIV	_____yes	_____no	_____refused	_____pending
HBV	_____yes	_____no	_____refused	_____pending
HCV	_____yes	_____no	_____refused	_____pending

STDs: Use the same format as above and include those for which you have lab data.

Name, address and phone number of two other persons who witnessed the incident:

1.

2.

STUDENT SIGNATURE

DATE

FACULTY/SUPERVISOR SIGNATURE

DATE