



## Pathogens - Exposure Incident Report

### **Employee Instructions**

You are completing this form because you have experienced an actual or a potential exposure to blood or other potentially infectious material. An evaluation of this exposure is required by regulation.

Please complete all the information below. Take this form with you when you go to a physician or other healthcare provider for the evaluation of the exposure. The information contained on this form is crucial to a proper evaluation of the exposure. Please take the time and care in completing the form to insure that the information is clear and accurate. If you need information on where to have this medical evaluation performed, please contact your supervisor.

### **Employee's Statement: (Please Print)**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### **Description of Exposure Incident**

Incident or response number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Describe Incident (Please include the type of infectious material to which you were exposed and the circumstances of the exposure – response to the call – protocols followed or breached due to circumstances uncontrollable):

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**Supervisor's Statement: (Please Print)**

Employee's Name: \_\_\_\_\_

**Supervisor Identification.**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Description of Incident**

(Please describe the employee's duties as they relate to the exposure incident):

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**Hepatitis B Status**

The employee named above has / has not (circle one) received a three dose series of hepatitis B Vaccine.  
If yes, the series was completed on \_\_\_\_\_ (date).

**Investigation of Source**

Please describe what information is known about the source of the exposure (the incident number, person's name, address, telephone number, or other contact point), the result(s) of the blood testing of the source person (if known), or why blood testing of the source person is not feasible. Also, if the source person is known to have or test positive for hepatitis B or human immunodeficiency virus (HIV), please indicate this fact. The source person must be tested for these agents unless such testing is not legally possible.

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