



Exposure Incident Report

Name _____

Date of Birth _____ ID Number _____

Telephone Number _____

Job Title _____

Date of exposure _____ Time of exposure _____

Hepatitis B Vaccination Status _____

Location of Incident _____

Describe what job duties you were performing when the exposure incident occurred _____

Describe the circumstances under which the exposure incident occurred (what happened that resulted in the incident) _____

What body fluid(s) were you exposed to? _____

What was the route of exposure (e.g. mucosal contact, contact with non-intact skin, percutaneous)?

Describe any personal protective equipment (PPE) in use at the time of exposure incident _____

Did PPE fail? _____ If yes, how? _____

Identification of source individual(s)—(names) _____

Other pertinent information _____

Signature _____ Date _____

Witness _____

PLEASE FORWARD THIS REPORT TO STUDENT HEALTH SERVICES PRIOR TO 24 HOURS FROM EXPOSURE INCIDENT. STUDENT HEALTH WILL PROVIDE FOLLOW-UP CARE AND ASSISTANCE. FOR QUESTIONS, CALL HEALTH NURSE AT 620-792-9233.