

BLOOD OR BODY FLUID EXPOSURE REPORT

Employee Name _____ SSN _____

Job title _____ Building _____

Address _____ Phone # _____

Exposure Incident Date: _____ Time: _____

Location: _____

Circumstances of exposure: _____

First Aid rendered: _____

Was EMC Work Comp Contacted: YES / NO Incident number: _____

Referral for medical evaluation to: _____

Date: _____ Time: _____

Identification and documentation of source individual: (keep at site until EMC contacted)

Name: _____ DOB: _____

Description of employee's duties as they relate to the exposure incident. (Please note - This description is vital as it may provide information for which duties could be modified to reduce and/or eliminate future exposure incidents.) _____

Employee Signature: _____ Date: _____

Forward this completed form to the school nurse and Director of Elementary Education and Director of Secondary Education as soon as possible