CONFIDENTIAL
Employee Bloodborne Pathogen Exposure Incident Report

Date: _____
Employee's Name: _____
Address: _____
Phone Number: _____
Social Security Number: _____
Title: _____

Describe circumstances under which exposure incident occurred:

_____
_____
_____
_____
_____

Route of exposure (percutaneous, skin, mucous membrane):

_____
_____

Hepatitis B history (date of vaccinations):

_____
_____

Antibody history: _____ Sufficient _____ Insufficient Date: _____
Type of body fluid to which you were exposed:
_____ Blood _____ Other (identify) _____

SOURCE OF EXPOSURE INFORMATION:

Name: _____
Address: _____
Phone Number: _____
HIV status/HBV status/HCV status/ Known risk factors to HIV/HBV/HCV: _____
_____
Personal Physician, Address and Phone Number: _____
_____
Did anyone witness incident? _____ Name: _____
Were appropriate work practices and/or personal protective equipment in use at time of incident?
_____Yes _____No
Explain: _____
_____

_____ Employee referred to physician of choice
(Employee must have Post-Exposure Form [GBEA-E: A-13] filled out by physician.)

Seen by physician: _____
Office: _____ Emergency Room: _____ Other: _____

_____ Employee declined to be seen by physician
(Employee must sign Refusal of Post-Exposure Medical Evaluation)

Signature of Employee _____ Date _____

Signature of Exposure Control Officer _____ Date_____