1 **CONFIDENTIAL**
2 **Employee Bloodborne Pathogen Exposure Incident Report**
3
4 Date: ____
5 Employee's Name: ____
6 Address: ____
7 Phone Number: ____
8 Social Security Number: ____
9 Title: ____
10
11 Describe circumstances under which exposure incident occurred:

____
____
____
____
____

12
13 Route of exposure (percutaneous, skin, mucous membrane):

____
____

14
15 Hepatitis B history (date of vaccinations):

____
____

16
17 Antibody history: __________ Sufficient __________ Insufficient Date: _______________
18 Type of body fluid to which you were exposed:
19 ___________ Blood ____________ Other (identify) ___________________________________
20
21 SOURCE OF EXPOSURE INFORMATION:
22
23 Name: ____
24 Address: ____
25 Phone Number: ____
26 HIV status/HAV status/HBV status/HCV status/ Known risk factors to HIV/HAV/HBV/HCV:
27 ____

____

28 Personal Physician, Address and Phone Number: ___________________________________

____

29 Did anyone witness incident? _________ Name: ____________________________________
30 Were appropriate work practices and/or personal protective equipment in use at time of incident?
31 ___________Yes ___________No
32 Explain: ____

____

33

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34
35 _____ Employee referred to physician of choice
36 (Employee must have Post-Exposure Form [GBEA-E: A-13] filled out by physician.)
37
38 Seen by physician: ____
39 Office: ____________________ Emergency Room: __________________ Other: ________________
40
41 _____ Employee declined to be seen by physician
42 (Employee must sign Refusal of Post-Exposure Medical Evaluation)
43
44 Signature of Employee _______________________________________ Date ____________________
45
46 Signature of Exposure Control Officer _________________________________ Date_____________

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