

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/HAV status/HBV status/HCV status/ Known risk factors to HIV/HAV/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 _____~~

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