**EXPOSURE INCIDENT REPORT**

(Routes and Circumstances of Exposure Incident)

Date Completed:

Employee's Name: Job Title:

DOB: SSN:

Business Phone: Home Phone:

1. Employee Vaccination Status:
2. Date and Time of Exposure:
3. Location of Incident (Home, Street, Clinic, etc.). Be specific:
4. Nature of Incident (Auto Accident, Trauma, Medical Emergency). Be specific:
5. Describe what task(s) you were performing when the exposure occurred. Be specific:
6. Were you wearing personal protective equipment (PPE)? Yes ❑ No ❑

If yes, list:

1. Did the PPE fail? Yes ❑ No ❑

If yes, explain how:

1. What body fluid(s) were you exposed to (blood or other potentially infectious material)? Be specific:
2. What parts of your body became exposed? Be specific:
3. Estimate the size of the area of your body that was exposed:
4. For how long?:
5. Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body? Yes ❑ No ❑

If yes, what was the object?:

Where did it penetrate your body?:

1. Was any fluid injected into your body? Yes ❑ No ❑

If yes, what fluid?:

How much?:

1. Did you receive medical attention? Yes ❑ No ❑

If yes, where?:

When?:

From whom?:

1. Identification of source individual(s):

Name(s):

1. Did you treat the patient directly? Yes ❑ No ❑

If yes, what treatment did you provide? Be specific:

1. Other pertinent information: