***CONFIDENTIAL***

**DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL**

Name of exposed employee:

Name and phone number of medical provider who should be contacted:

**Incident Information**

Date:

Name or medical record number of the individual who is the source of the exposure:

**Nature of the Incident:**

 ❑ Contaminated needlestick injury

 ❑ Blood or body fluid splash onto mucous membrane or non-intact skin

 ❑ Other:

**Report of Source Individual Evaluation**

Chart reviewed by: Date:

Testing of source individual's blood: **Consent** ❑ Obtained ❑ Refused

Source individual unknown. Researched by: Date:

**Check One:**

❑ Identification of source individual not feasible or prohibited by state or local law. State why not feasible:

❑ Evaluation of the source individual reflected known exposure to bloodborne pathogen.

❑ Evaluation of the source individual reflected possible expose to bloodborne pathogen, and medical follow-up is recommended.

Note: Report the results of the source individual's blood test to the medical provider named above. The medical provider will inform the exposed employee. Do not report the blood test findings to the employer.

***HIV-related information cannot be released without the written consent of the source individual.***