

EXPOSED EMPLOYEE (FULL NAME) \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_

ROUTE OF EXPOSURE \_\_\_\_\_

WORK AREA WHERE INJURY OCCURRED: \_\_\_\_\_

DESCRIBE HOW THE INCIDENT OCCURRED:

NAME OF SOURCE INDIVIDUAL: \_\_\_\_\_

IS SOURCE INDIVIDUAL KNOWN TO HAVE HIV?  YES  NO      HBV?  YES  NO

SUGGESTED CORRECTIVE ACTION TO PREVENT SIMILAR INCIDENT:

REPORTED BY      NAME (PRINT): \_\_\_\_\_      DATE: \_\_\_\_\_

REVIEWED BY      NAME (PRINT): \_\_\_\_\_      DATE: \_\_\_\_\_

Exposed individual sent to \_\_\_\_\_ (clinic/doctor name) on \_\_\_\_\_ (date) for evaluation and follow-up.

Exposed individual refused evaluation/follow-up.

Source individual's consent obtained and tested for  HIV  HBV infectivity. Test results communicated to exposed employee on \_\_\_\_\_ (date).

Source individual refused consent for  HIV  HBV infectivity.