



Exposure Incident Report Form

To be completed by administrator, administrative assistant, or school health consultant.

Employee's Name	Social Security No.	
Employee's Work Location:		
Job Duties:		
Exposure Incident Date and Time:		
Please describe in detail what happened:		
Did the employee agree to go for a medical evaluation?	Yes	No
Who was the source of the blood or other body fluid? (print name, address and phone number)		
If the source was a child, the administrator must <u>immediately</u> notify the parent/guardian of the incident.		
Date of Notification: _____		
The parent/guardian must be <u>requested</u> to have the child tested for Hepatitis B or Human Immunodeficiency Virus.		
Did the parent/guardian consent to have the child tested?	Yes	No
Date the Authorization for Release of Information and Exposure Letter were sent:		
Please note: if the parent/guardian consented to have the child tested, the results are confidential and can only be shared with the medical clinic for treatment of the employee.		
Signature of Administrator: _____		Date: _____

Return completed/signed original to Administrator.
Keep a copy for your records and to take to your health care provider.