Exposure Incident Report Form

To Be Completed by Student and Reviewed with the Didactic Faculty/Preceptor and Director of Experiential Education

Student _____ Date of Birth _____
Best Contact Phone # _____ Date Report Completed _____

Exposure Date _____ Exposure Time _____

Name of **Course and Faculty Member** or **Rotation**, **Preceptor** and **Location** at the time of exposure:

_____

_____

Nature of incident: Check appropriate box.

Type of Exposure: [ ] Blood [ ] Chemical [ ] Other: _____
[ ] Body Fluid [ ] Airborne

Describe details of incident:

_____

_____

Describe what task(s) were being performed when the exposure occurred:

_____

_____

Were you wearing Personal Protective Equipment (PPE) at the time of the incident (gloves, gown, goggles, splash guard, etc.)? Yes _____ No _____
If yes, please list:

_____

_____

Did the PPE fail? Yes _____ No _____ If yes, explain how:

_____

_____

To what fluids/particles/chemicals were you exposed?

_____

_____

What parts of your body became exposed?

_____

_____

Were there any witnesses to the incident? Yes____ No____

If yes, who (list their name and role at the site of the incident)?

_____

_____

Please provide the contact information of the witness:

_____

_____

Did you receive medical attention? Yes _____ No _____
If yes,

Where_____

When_____

By whom_____

What protocols were followed, tests ordered?

_____

_____

Health status of source (if known): *Please do NOT include identifiers of the source like name, DOB, etc.*

_____

_____

Student Signature _____ Date _____

Faculty / Preceptor Signature _____ Date _____

Date received/reviewed**:** _____

Program Director Signature**:** _____

Follow-up Notes:

_____

_____

_____

_____

_____

_____

Date: _____

Signature: _____

Follow-up Notes:

_____

_____

_____

_____

_____

_____

Date: _____

Signature: _____