

Unusual Occurrence / Incident Report

Exposure to Blood or Other Potentially Infectious Materials

Employee Name:

Social Security Number:

Position:

Department:

Date of Exposure:

Time of Exposure:

Source of Exposure (if pricked by sharps include-device used, type, and brand):

HBV and HIV Status of Source Individual:

How Exposure Occurred:

Immediate Action Taken:

Protective Equipment Being Used (check appropriate box):

 Yes No N/A

Comments:

Incident Reported To:

Physician Referral Scheduled:

 Yes No

- I understand the potential risks related to the exposure incident which occurred and agree to receive an examination and/or treatment for the exposure, as recommended by my physician. This includes serological testing for Hepatitis B, HIV virus, and other pathogens, if so indicated.
- I understand the potential risks related to the exposure incident which occurred and **DO NOT** agree to have an examination or treatment for the exposure.

Employee Signature_____
Supervisor Signature_____
Date_____
Date