

Exposure Report Form



Release of Information for Employee Sustaining A Blood or Body Fluid Exposure

I, _____ am referred for evaluation and treatment of an occupational exposure to blood or body fluids of a patient. I realize that the cost of my evaluation and treatment for this incident will be borne by the University of Portland or agencies employed by them. I further allowed that the following information to be shared by my health-care provider to the University of Portland and appropriate infection control personnel:

- Whether HBV vaccination is indicated or been provided.
- A statement that, when appropriate, the risks and benefits of HIV prophylactic therapy were discussed with me, whether that therapy was offered, and whether I chose to use that therapy.
- A statement that I have been informed of the results of the health-care evaluation and of the medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.

Signature

Date

Witness

Date

Pertinent Employee Health Information

Hepatitis B Vaccination Series: _____

Hepatitis B Titers: _____

Last Tetanus Vaccination: _____

Other Pertinent Medical Information: _____

Signature	Date
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Route and time of Exposure: _____

Source Individual Pending Tests: _____

Description of Incident: _____

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