

Student Exposure Incident Form

Student Name:	
Student ID #:	Date of incident:
Department/building:	Date Reported:

Type of exposure:
Human bite Blood/body fluid splash Open wound, scratch, or abrasions contaminated with blood/body fluid/urine/stool Puncture or from sharp object Needle stick following venipuncture Needle stick from IVP or VIPB Needle stick following injection Other (describe) _____
Describe exposure incident in detail:
What actions were taken immediately following the incident?
What precautions were in use at the time of the incident? Check all that apply
<input type="checkbox"/> Gloves <input type="checkbox"/> Gown/apron <input type="checkbox"/> Mask <input type="checkbox"/> Eyewear <input type="checkbox"/> CPR shield <input type="checkbox"/> None <input type="checkbox"/> Other (specify) _____

Dates of HBV vaccinations:	
Employee signature:	Date:
Instructor/Supervisor signature:	Date:
Signature of person preparing report:	Date:

Follow-up	Date
Student referred to physician of choice Seen by: Office ER Pro-Med Student Health Center Declined to be seen	
Other comments:	

This document must be printed after completion, signed, and sent to mcameron@mtech.edu or brought to EHS office CBB 003.