

Confidential

Sample Exposure Incident Report

Information provided to Dr. _____

Name: _____

Date of exposure incident: _____

Location of exposure incident: _____

Route(s) of exposure: _____

Results of Source Individual's tests if possible (unless prohibited by law):

Description of employee's duties related to exposure incident:

Circumstances under which exposure occurred: _____

Results of previous blood tests:

Test(s) conducted: _____

Test date: _____

Results: _____

Attachments:

1. Employee's medical records relevant to appropriate treatment, including vaccination status.
2. One copy of Oregon Administrative Rules, Chapter 437, Division 2/Z, Bloodborne Pathogens.