



**CITY OF OAK HARBOR  
EXPOSURE REPORT  
Exposure to Blood/Body Fluids**

Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender:  F  M  Other \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Employee Number: \_\_\_\_\_

Work Location: \_\_\_\_\_ Occupation: \_\_\_\_\_

On the job injury report has been filed:  Y, Date filed: \_\_\_\_\_  N  Not required

**Section I – General Exposure Information**

Date of Exposure: \_\_\_/\_\_\_/\_\_\_ Time of Exposure: \_\_\_\_\_  AM  PM

Location of Incident: \_\_\_\_\_ Incident #: \_\_\_\_\_

Type of Exposure: (Check all that apply)

- Percutaneous: Did exposure involve a clean, unused needle or sharp object?  Y  N
- Mucous membrane
- Bite
- Skin: Did you have any open cuts, sores, or rashes that became exposed?  Y  N  Unknown

If Yes or unknown, explain (be specific): \_\_\_\_\_

Type of fluid/tissue involved in the exposure:

- Blood/blood products
- Solutions (IV fluid, irrigation, etc.)
  - Visibly bloody  Not visibly bloody
- Tissue
- Other (specify): \_\_\_\_\_
- Unknown
- Body Fluids:
  - Visibly bloody  Not visibly bloody

If body fluid, indicate one type:

- Saliva  Vomit
- Tears  Urine
- Feces/Stool  Amniotic
- Other (specify): \_\_\_\_\_

Body site of exposure: (check all that apply)

- Hand / Finger  Foot
- Eye  Mouth
- Arm  Nose
- Other (specify): \_\_\_\_\_

**Section II – Source Information**

Name of Patient: \_\_\_\_\_ Was the source patient known?  Y  N

Patient Address: \_\_\_\_\_

Patient transported to: \_\_\_\_\_ Patient transported by: \_\_\_\_\_

Type of Incident (trauma, MVA, medical): \_\_\_\_\_



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**Section III – Initial Care Given to Employee**

Post exposure evaluation conducted at: \_\_\_\_\_ Baseline blood sample taken:  Y  N

Treating doctor: \_\_\_\_\_ Source of Exposure tested for HBV / HIV:  Y  N

Medical treatment recommended:  Y  N Medical treatment received:  Y  N

Doctor's release or recommendation letter or note received:  Y  N Cleared for Duty:  Y  N  
If No, projected time off: \_\_\_\_\_

**Section IV – Narrative**

In the employee's own words, how did the injury occur?

**Section V – Prevention**

In the employee's words, what could have prevented the injury?

**Section VI – Signatures**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Infection Control Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Director: \_\_\_\_\_ Date: \_\_\_\_\_

cc:  Personnel Medical File  Exposure File  Affected Employee

**Section VII – Post Exposure Follow-up**