

# Appendix 1

## Possible Exposure to Reportable Disease/Follow-Up

Employee name \_\_\_\_\_ SS# \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Department: \_\_\_\_\_

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Date & time of exposure \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ am / pm Location: \_\_\_\_\_

Type of Exposure: Needle Stick Laceration Bite Splash Other \_\_\_\_\_

Circumstances of Exposure:

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### Identifiable Source

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Blood Contamination screen drawn on source? Yes No

Attending MD Name: \_\_\_\_\_

Known Communicable Disease: \_\_\_\_\_