

UNANTICIPATED/ACCIDENTAL BODY FLUID EXPOSURE REPORT

Form #7

School Name: _____ Exposure Control Officer _____

Address: _____

Name of exposed: _____ Staff or Student: _____

Source Individual (if known): _____

Reported by: _____ Position: _____

Date: _____ Time: _____

Description of exposure (include route and circumstances): _____

Was consultation with health care provider sought? _____

If yes, name of person: _____ Title: _____

Recommendation by above person: _____
