

PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: July 2, 2012

REVISED:

203.1-AR-1-FORM. BODY FLUID EXPOSURE INCIDENT FORM

EXPOSED PERSON

Date of this Report:

Position	Last Name	First Name	
Are You: Staff <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor/Other <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	DOB
Department/School		Home Address & ZIP	
Work Phone	Home Phone	Altern. Phone	

Date of Incident	Location of Incident (be specific)
Time of Incident (indicate a.m. or p.m.)	

Exposure Type (blood, saliva etc.)	Location of Exposure (area of body)	Protective equipment used, if any
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Describe Incident – Please attach any pertinent information on medical conditions and/or chronic medications
(use additional pages if necessary and attach)

Action taken after exposure (clean-up, decontamination, etc.)	Did exposure require follow-up medical treatment? If so, please describe
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Signature of Exposed Person

Date