

PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: October 17, 2012

REVISED:

314.1-AR-1. 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