

Exposure Incident Reporting Form - Exposed Individual Information

This information must be provided to the evaluating healthcare professional as soon as possible. A copy must also be provided to Risk Management if Student Health Services is not conducting the evaluation.

Name of **Exposed Individual**: _____

Address: _____

Telephone: (work) _____ (home) _____ (cell) _____

Date of Incident: _____ Time: _____ Location of Incident: _____

Description of individual's duties as they relate to the exposure incident: _____

Description of the incident which exposed an employee or student to blood or other potentially infectious materials; including the route of exposure and the circumstances in which the incident occurred:

- Hepatitis B vaccinations received (circle response): 0 / 1 / 2 / 3 / not known
- Hepatitis B titer (HBsAb) results (circle response): negative / positive / not known
- HIV infection status (circle response): negative / positive / not known
- Hepatitis C infection status (circle response): negative / positive / not known

Other relevant medical information for **exposed** individual:

Forward exposed individual's relevant medical records (including vaccination records) to evaluating health care professional as soon as possible.

Preparer's Name: _____ Phone: _____

Preparer's Signature: _____ Date: _____

Clinical Consultation Center Post-Exposure Prophylaxis Hotline (PEpline): 888-448-4911

Applicable regulatory references required to be provided to the healthcare professional:

The US Occupational Safety and Health Administration (OSHA) [bloodborne pathogens standard](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) and the Texas Department of State Health Services (DSHS) [bloodborne pathogen control standard](#).

Exposure Incident Reporting Form - Source Individual Information

This information must be provided to the evaluating healthcare professional as soon as possible. This information should be forwarded directly to the healthcare professional, and should not be sent with the exposed individual in compliance with privacy requirements. A copy must also be provided to Risk Management if Student Health Services is not conducting the evaluation.

Name of Source Individual (if available): _____

Address: _____

Telephone: (work) _____ (home) _____ (cell) _____

- Hepatitis B vaccinations received (circle response): 0 / 1 / 2 / 3 / not known
- Hepatitis B surface antigen (HBsAg) results (circle response): negative / positive / not known
- HIV infection status (circle response): negative / positive / not known
- Hepatitis C infection status (circle response): negative / positive / not known

Other relevant information regarding source individual:

Preparer's Name: _____ Phone: _____

Preparer's Signature: _____ Date: _____

Clinical Consultation Center Post-Exposure Prophylaxis Hotline (PEpline): 888-448-4911

Applicable regulatory references required to be provided to the healthcare professional:

The US Occupational Safety and Health Administration (OSHA) [bloodborne pathogens standard](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) and the Texas Department of State Health Services (DSHS) [bloodborne pathogen control standard](#).