Appendix 11-D
Blood and Body Fluid Exposure Report

Employee Name:				**Date of Birth:**	
	Last	**First**	**MI**		
SSN:		**Employee #:**		**Dept. #:**	
Job Title:					

Hepatitis B Vaccination status:	☐ Series complete		☐ In process		☐ Denied		
Injection Dates:	#1		#2		#3		
Date of Exposure:							
Date Exposure Reported:							

Time of Exposure (Approximate, if unknown):		
Responsible Person:	☐ Yes	☐ No
Good Samaritan:	☐ Yes	☐ No
Description of the Incident: (Include causes, where and how it occurred, and body parts involved.)		
Body Fluids Involved:	☐ Yes	☐ No
Exposure was to:	☐ Non-Intact Skin	☐ Intact Skin
Exposure source known?	☐ Yes	☐ No
Consent obtained for HIV/HBV testing? (If yes, attach nameless copy of lab results to this form.)	☐ Yes	☐ No
Indicate type of Personal Protective Equipment (PPE) used for this procedure:	☐ Glove ☐ Mask ☐ Gown	☐ Goggles ☐ None ☐ Other
Was the PPE available for your use: If NO, indicate why not:	☐ Yes ☐ Don't know	☐ No ☐ N/A

Referred to:		Phone:	
Additional Comments:			
Completed?	☐ Injury/Illness Report ☐ First Report of Injury (Workers' Compensation Claim Form)	☐ OSHA 300 Log	

Name of Preparer (print)	**Title of Preparer**	**Date Form Completed**