

MORRISVILLE BOROUGH SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: MARCH 22, 2017

REVISED:

203.1-AR-3. 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 |
|-------------------------------------|-------------------------------------|-----------------------------------|

Describe Incident – Please attach any pertinent information on medical conditions and/or chronic medications
(use additional pages if necessary and attach)

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

Signature of Exposed Person

Date