

EXPOSURE REPORT

This report is to be filled out by the staff member who has been exposed to blood or other potentially-infectious material.

Staff Member's Name: \_\_\_\_\_

Name of Involved Person: \_\_\_\_\_  
(May not be student)

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Describe what happened:

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses (if any): \_\_\_\_\_

Nature of the Exposure:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_