

CONFIDENTIAL EXPOSURE REPORT

Name of Exposed Individual: _____

Agency/Division/Unit: _____ Position: _____

Date Incident Occurred: _____ Time: _____

Name of Source Individual: _____

What type of exposure occurred? (i.e., needle stick, cut, spill, etc.) _____

Body part exposed? (i.e., mouth, eyes, skin break on hand, etc.) _____

Description of First Aid provided: _____

Description of task being performed and conditions associated/contributing to the exposure:

In your opinion has an exposure as defined by WAC 296-62-08001(2) occurred?

Yes ___ No ___

NOTE: This assessment is to only be made by a qualified health care professional. If there is no qualified person to make this assessment, the employee shall be directed to the health care professional of their choice.

Was the exposed individual instructed/advised to report to a physician Yes__ No__

Date: _____ Time: _____

Has the exposed individual completed an HBV vaccination series? Yes__ No__

Date of series completion: _____

STATEMENT OF EMPLOYEE CONSENT: I have provided the above information and agreed to its use pursuant to WAC 296-62-08001(6) which pertains to the provision of a post-exposure evaluation and follow-up when an exposure incident has occurred.

Employee Signature: _____ Date: _____

Report compiled by: _____ Date: _____