

**RC Health Services
EMS Training
Student Exposure Report Form**

Student Name:	
SSN:	Date:
Date of Incident:	Date Reported:
<u>Type of Exposure:</u>	
<input type="checkbox"/> Human Bite <input type="checkbox"/> Blood/Body Fluid Splash <input type="checkbox"/> Open wound, scratch, or abrasion contaminated with blood/body fluid/urine/stool <input type="checkbox"/> Puncture or cut from sharp object <input type="checkbox"/> Needle stick following venipuncture <input type="checkbox"/> Needle stick following injection <input type="checkbox"/> Other (Describe): _____	
Describe exposure incident in detail:	
_____ _____ _____ _____ _____ _____	
What actions were taken immediately following the incident?	
_____ _____ _____	
What precautions were in use at the time of incident? Check all that apply.	
<input type="checkbox"/> Gloves <input type="checkbox"/> Gown/Apron <input type="checkbox"/> Mask <input type="checkbox"/> Eyewear <input type="checkbox"/> CPR Shield <input type="checkbox"/> None <input type="checkbox"/> Other (Specify): _____	
Date of HBV vaccinations:	
Student Signature:	Date:
Preceptor/Instructor Signature:	Date:
Follow Up	
<input type="checkbox"/> Student referred to physician of choice <input type="checkbox"/> Seen by Physician: _____ <input type="checkbox"/> Office <input type="checkbox"/> ER <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Declined to be seen by physician	Date:
Student's blood drawn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
<input type="checkbox"/> Student offered HIV testing? <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Date: