

**Bloodborne Pathogen Exposure Report**

*This form is kept in the exposed person's medical record.*

Date: \_\_\_\_\_

Name of exposed person: \_\_\_\_\_

DOC/SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Facility: \_\_\_\_\_

Date and nature of exposure: \_\_\_\_\_

EXPOSED OFFENDER ONLY

- Number of Hepatitis B vaccine doses documented: \_\_\_\_\_
- Hepatitis B surface antibody titer documented?  yes  no  
*If yes, date and results:* \_\_\_\_\_
- Date of last tetanus vaccine: \_\_\_\_\_

**Actions:** (use additional blank pages if necessary)

- \_\_\_\_\_ Counseling regarding testing, follow-up dates, and precautions
- \_\_\_\_\_ HIV consent signed
- \_\_\_\_\_ Lab work drawn: HIV, Hepatitis B Surface Antibody (HBsAb), Hepatitis C
- \_\_\_\_\_ Tetanus consent signed and vaccine provided if > 5 years since previous dose and exposure involved a cut or needlestick
- \_\_\_\_\_ Hepatitis B vaccine provided if exposed had incomplete series or non-immune titer without subsequent doses provided
- \_\_\_\_\_ Started on post exposure prophylaxis Date: \_\_\_\_\_
- \_\_\_\_\_ Source lab work was drawn

Other/comment \_\_\_\_\_  
\_\_\_\_\_

This incident \_\_\_\_\_ Did \_\_\_\_\_ Did Not constitute an exposure incident as defined by the OSHA standard in which there was an identified potential for the transmission of a bloodborne pathogen and/or other communicable disease.

The exposed patient \_\_\_\_\_ Has \_\_\_\_\_ Has not agreed to follow the recommendations presented to them by the physician or licensed designee.

\_\_\_\_\_  
Physician/Licensed Designee Signature Date: \_\_\_\_\_

EXPOSED OFFENDER AND  
EXPOSED EMPLOYEES

**Source's Name:** \_\_\_\_\_ **DOC/SS#** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  
 Most Recent HIV test results: \_\_\_\_\_  
 Most recent viral load results if HIV positive \_\_\_\_\_

**I have received follow-up instructions and dates (on BLOODBORNE PATHOGEN EXPOSURE FOLLOW-UP INSTRUCTIONS form). I understand the importance of follow-up testing.**

Exposed Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_