



EXPOSURE INCIDENT REPORT

FCS Student Only

Student's Name _____ Date _____

Date of Birth _____ Home Phone _____

Date of Exposure _____ Time of Exposure _____ am/pm

Location of Incident _____

Describe what happened when the exposure incident occurred:

To what bodily fluids were you exposed? _____

What was the route of exposure? _____

Describe any personal protective equipment in use at the time of the exposure incident _____

Did the personal protective equipment fail? _____ If yes, how? _____

Name and Date of Birth of the Source Individual, if known _____

Other pertinent information _____

Student Signature

Date

Principal/Staffr Signature

Date