



INFECTIOUS DISEASES PROCEDURE 3414P – EXHIBIT A
BODY FLUID EXPOSURE STUDENT INCIDENT REPORT

School _____ Student Name: _____

Grade: _____ Date of Birth: _____ Student ID Number: _____

Parent/Guardian Name: _____ Phone: _____

Students Home Address: _____

DATE OF INCIDENT: _____ TIME: _____ AM/PM

Describe routes (eye, mouth, or other mucous membrane or break in skin of exposure and circumstances under which exposure incident occurred _____

Person in charge _____ Present at scene? _____
when incident occurred (Name/Title)

1) Witness Name: _____ Phone: _____

2) Witness Name: _____ Phone: _____

Immediate Action Taken: _____

First Aid Given By: _____

Describe Aid: _____

Sent-School Nurse Sent-Home Called 911 Sent-Hospital/Physician

Person Notified: _____ Phone # _____ Cell # _____

Mother Father Guardian Other Time: _____

TO BE COMPLETED BY PRINCIPAL

Parental consent for release of name and phone #: Yes No

Parent/Guardian: _____ Phone: _____

Other student (s) involved in incident parent/guardian notified: _____

Principal's Signature: _____ Date: _____