SUNY Ulster Exposure Incident Form

PLEASE NOTIFY HEALTH SERVICES IMMEDIATELY OR AS SOON AS POSSIBLE AFTER AN EXPOSURE.

THIS FORM SHOULD BE COMPLETED AND SENT TO THE COLLEGE HEALTH SERVICES (SEN139; x5246) WITHIN 24 HOURS OF THE EXPOSURE.

Exposure Incident-A specific eye, mouth, mucous membrane, non-intact skin or parenteral contact with blood/other potentially infectious substances that results from performance of an employee’s job duties.

Name of exposed employee/student: ____________________________________________

Name of source individual: ____________________________________________________

If name of source individual not known, please explain why: ______________________

__________________________________________________________________________

__________________________________________________________________________

Date of exposure incident: ____/____/____

Route of exposure:   ____ Absorption   ____ Inhalation
                     ____ Ingestion   ____ Injection

Explanation of circumstances surrounding exposure incident:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Charge nurse of College Health Services: _______________________________________

Department Chair/Immediate Supervisor: _______________________________________

Date exposure incident reported: ____/____/____