

## POTENTIAL EXPOSURE INCIDENT REPORT

*A copy of this form should be given to the catechist involved, to the parents of the student involved, and a copy placed in the catechist's personnel file. If universal precautions were not used or were used and failed, a copy of this report must also be sent to the Diocesan Director of Religious Education.*

**To be completed by person experiencing exposure.  
Please print**

DATE COMPLETED: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ SS NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TITLE: \_\_\_\_\_

WERE YOU PREVIOUSLY VACCINATED FOR HEPATITIS B? YES \_\_\_ NO \_\_\_

DATE OF EXPOSURE: \_\_\_\_\_ TIME OF EXPOSURE : \_\_\_\_\_ AM \_\_\_ PM \_\_\_

LOCATION OF INCIDENT BE SPECIFIC: \_\_\_\_\_

NATURE OF INCIDENT (bloody nose, accident, etc.) BE SPECIFIC:

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WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (gloves)? YES \_\_\_ NO \_\_\_

DID THE GLOVES LEAK? YES \_\_\_ NO \_\_\_

IF YES, EXPLAIN HOW MUCH:

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Parish Religious Education Leader was contacted: YES \_\_\_ When: \_\_\_\_\_

NO \_\_\_ Why: \_\_\_\_\_

WHAT, IF ANY, BODY FLUID(S) WERE YOU EXPOSED TO (BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL)? BE SPECIFIC:

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WHAT PARTS OF YOUR BODY BECAME EXPOSED? BE SPECIFIC:

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ESTIMATE THE SIZE OF THE AREA OF YOUR BODY THAT WAS EXPOSED.

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FOR HOW LONG?

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DID YOU RECEIVE ANY MEDICAL ATTENTION? YES \_\_\_ NO \_\_\_

IF YES, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

BY WHOM? \_\_\_\_\_

**NAME OF INJURED PERSON #1** \_\_\_\_\_ **AGE OR GRADE** \_\_\_\_\_

DID YOU TREAT THE PERSON DIRECTLY? YES \_\_\_ NO \_\_\_

IF YES, WHAT TREATMENT DID YOU PROVIDE? BE SPECIFIC:

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OTHER PERTINENT INFORMATION \_\_\_\_\_

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**NAME OF INJURED PERSON #2** \_\_\_\_\_ **AGE OR GRADE** \_\_\_\_\_

DID YOU TREAT THE PERSON DIRECTLY? YES \_\_\_ NO \_\_\_

IF YES, WHAT TREATMENT DID YOU PROVIDE? BE SPECIFIC:

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OTHER PERTINENT INFORMATION \_\_\_\_\_