

DELAWARE CITY SCHOOLS

EXPOSURE REPORT

This report is to be filled out by the student who has been exposed to blood. A staff member should provide assistance to the student when completing this report.

Student's Name _____

Grade: _____ School: _____

Home Address: _____

Telephone: _____

Parent/Guardian: _____

Name of Involved Person: _____

Grade: _____ School: _____

Home Address: _____

Telephone: _____

Parent/Guardian: _____

Describe what happened:

Date: _____ Place: _____ Time: _____

Witnesses (if any): _____

Nature of the Exposure:

Signature

Date

Received by _____

Date