EXPOSURE REPORT
(STAFF)

This report is to be filled out by the staff member who has been exposed to blood or other potentially-infectious material.

Staff Member's Name: _____

Name of Involved Person:_____
(May not be student)
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

7/20/11

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