



New York State Unified Court System

**EXPOSURE INCIDENT REPORT**  
(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

**Please Print**

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

EMPLOYEE'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

DOB \_\_\_\_\_ JOB TITLE \_\_\_\_\_

EMPLOYEE VACCINATION STATUS \_\_\_\_\_

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

LOCATION OF INCIDENT (HOME, STREET, CLINIC, ETC. - BE SPECIFIC): \_\_\_\_\_

NATURE OF INCIDENT (AUTO ACCIDENT, TRAUMA, MEDICAL EMERGENCY) - BE SPECIFIC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE WHAT TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE OCCURRED - BE SPECIFIC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)? YES \_\_\_ NO \_\_\_  
IF YES, LIST:

\_\_\_\_\_

DID THE PPE FAIL? YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

WHAT PARTS OF YOUR BODY BECAME EXPOSED? BE SPECIFIC:

\_\_\_\_\_

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

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FOR HOW LONG?

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DID A FOREIGN BODY (NEEDLE, NAIL, AUTO PART, DENTAL WIRES, ETC.) PENETRATE YOUR BODY?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT WAS THE OBJECT?

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WHERE DID IT PENETRATE YOUR BODY?

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WAS ANY FLUID INJECTED INTO YOUR BODY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT FLUID? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

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

IF YES, WHERE?

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WHEN

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BY WHOM

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IDENTIFICATION OF SOURCE INDIVIDUAL(S)

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NAME(S)

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

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

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OTHER PERTINENT INFORMATION

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