

**MORROW COUNTY EMS
INFECTIOUS EXPOSURE FORM**

Exposed Members Name: _____ Position: _____

Social Security Number: _____ Phone Number: _____

Run Number: _____ Shift: _____ Station: _____

Patient Name: _____ Sex: _____

Age: ____ Address: _____

Suspected or Confirmed Disease: _____

Transported To: _____

Transported By: _____

Date of Exposure: _____ Time of Exposure: _____

Type of Incident (MVA, trauma, medical): _____

Type of Protective Equipment Utilized: _____

What Where You Exposed To (check all that apply):

Blood: _____ Tears: _____ Feces: _____ Urine: _____ Saliva: _____

Emesis: _____ Sputum: _____ Sweat: _____ Other: _____

What part (s) of your body became exposed? Be specific: _____

Did you have any open cuts, sores or rashes that became exposed? Be specific: _____

How did the exposure occur? Be specific: _____

Did you seek medical attention? ___yes ___no By whom?: _____

Where: _____ Date: _____

Time and date of infection control officer notification: _____/_____

Employees signature: _____ Date: _____

Infection control officers signature: _____ Date: _____

Supervisors signature: _____ Date: _____

Chiefs signature: _____ Date: _____

