

Patient Name:

Medical Record #:

OCCUPATIONAL EXPOSURE FORM

Date: _____

ADDRESSOGRAPH

INSTRUCTIONS: Clerical staff - remove and discard this form upon patient discharge, prior to assembling the permanent record.

To: _____

On _____ in the routine treatment of your patient for his/her medical condition, an occupational exposure has occurred to a healthcare worker.

- The type of occupational exposure was:
- Needlestick
 - Splash, spray to mucous membrane with blood or body fluid
 - Laceration/sharp instrument
 - Splash, spray to skin with blood or body fluid

As a result of the above noted occupational exposure, be advised that the Needle Stick Protocol for both the employee exposed and the Source Patient identified above has been instituted.

Should any results of such testing be positive for the Source patient, you will be notified in writing and also via telephone by Employee Health.

These results will not be posted on the Source patient's chart, nor recorded in the computer for reasons of confidentiality. If you have any questions about the nature of the Occupational Exposure to the employee, please contact Employee Health 323-5823 extension 256.

J685 (10/93) WHITE - Medical Record/Discard upon Source Patient's discharge YELLOW - Laboratory PINK - Employee Health