



Blood - Body Fluid Exposure Report and Checklist

Date Form Completed: _____

Name of Student: _____ Program and Year: _____

Date and Time of Exposure: _____

Name of Site: _____ Department: _____

Type of Exposure:

- Percutaneous – Needle-stick or cut through skin
- Mucous Membrane- Splash into eye or mouth
- Cutaneous- Contact with exposed, chapped, abraded, skin with large amount of blood for prolonged time

Description of Incident: _____

Person Notified at the Site (Name and Title): _____

Date and Time of Site Notification: ____/____/____ Time: _____

Witnesses: _____

Student Tested: Yes No

If yes, which tests were completed?

HIV Hep B Hep C LFT's

Counseling Offered: Yes No

Treatment Offered: Yes No

Treatment Accepted: Yes No

Was the source pt. tested? Yes No Declined

If yes, which tests were completed?

HIV Hep B Hep C



TOURO UNIVERSITY
CALIFORNIA

Student Health Center
1310 Club Drive, Building H-89 Ste. 1537
Vallejo, CA 94592
P: 707-638-5220 F: 707-638-5261
Email: tuc.studenthealth@tu.edu

Student Signature: _____

Student will submit this completed form to Touro University California Student Health Center and Designated Program Clinical Coordinator within 24 hours of incident.

Student Health Center

Date Form was received: _____

Name of Person who received the form:

Program Designated Clinical Coordinator

Date Form was received: _____

Name of Person who received the form:

Form reviewed by Director/Medical Director:

Yes

No

Signature: _____

Date: _____