

**Marlow Volunteer Fire Department**  
**Infectious Exposure Report**

**Exposed Personnel Information:**

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager \_\_\_\_\_

1. What were you exposed to?

- Blood    Tears    Sweat    Saliva    Sputum    Vomitus  
 Urine    Feces    Other (specify) \_\_\_\_\_

2. What parts of your body became exposed? Be specific:

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

3. Did you have any open cuts, sores, or rashes that became exposed?

Be specific: \_\_\_\_\_  
\_\_\_\_\_

4. How did exposure occur (stick, splash, etc.)? Be specific:

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

5. Did you report this exposure to an Officer on scene?    Yes    No

If Yes, name of Officer \_\_\_\_\_

6. Did you seek medical attention?    Yes    No

If Yes, where? \_\_\_\_\_ Date \_\_\_\_\_

**Incident Information**

Date of Exposure \_\_\_\_\_ Time of Exposure \_\_\_\_\_

Incident Number \_\_\_\_\_

Type of Incident (MVA, trauma) \_\_\_\_\_

Address of Incident \_\_\_\_\_

Patient transported to \_\_\_\_\_

Patient transported by \_\_\_\_\_

\_\_\_\_\_  
Signature of Exposed Personnel

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Time of Report

**\*\*\*\*\*DO \* NOT \* WRITE \* BELOW \* THIS \* LINE\*\*\*\*\***

\_\_\_\_\_  
Signature of  
Infection Control Officer

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Time Received