

Clarksville-Montgomery County School System BLOOD BORNE PATHOGEN EXPOSURE FORM

Date: _____

Employee Name: _____

School/Location: _____

Brief description of how exposure occurred and from whom they obtained the exposure: _____

Would you like to have testing done for Hepatitis B and HIV? _____

Do you request that the student/source of exposure be tested for Hepatitis B and HIV? _____

Have you had the Hepatitis B Vaccine series? _____

If no, would you like to start the series? _____

It is understood that the Clarksville Montgomery County School System via the On-the-Job Injury Program (OJI) will provide the employee with a visit to a healthcare provider to obtain blood testing for HIV and Hepatitis B and first aid for the injury, if treatment is necessary. Any and all treatment relating to this Blood Borne exposure must be approved by the Risk Management/Safety Department per the OJI Program (OJI-PRO1).

Signature of employee

Date

Printed name of employee

OJI Office Signature

Date