

**CONFIDENTIAL
DOCUMENTATION AND IDENTIFICATION
OF SOURCE INDIVIDUAL**

Name of Exposed Employee _____

Name and phone number of Medical Provider who should be contacted.

Incident Information

Date: _____

Name or medical record number of the individual who is the Source of the Exposure;

Nature of the Incident

Contaminated needlestick injury

Blood, body fluid splash onto mucous membrane or non-intact skin

Other

Report of Source Individual Evaluation

Chart reviewed by _____ Date _____

Source Individual Unknown-researched by

_____ Date _____

Testing of Source Individual's blood **CONSENT** Obtained Refused

Check One

Identification of source individual infeasible or prohibited by State Law. State why infeasible.

Evaluation of the source individual reflected known exposure to Blood borne Pathogen.

Evaluation of the source individual reflected possible exposure to Blood borne Pathogen and medical follow-up is recommended.

Report completed

by _____ Date _____

NOTE: report the results of the source individual's blood test to the medical provider named above who will inform the exposed employee. Do not report blood findings to the employer. **HIV** related information cannot be released without the written consent of the source individual.