Shenandoah University
Communicable Disease Student/Faculty Exposure Worksheet

To be completed by the student/faculty immediately after an exposure is reported. Address each item completely.

Student's Name ____________________________ SU ID Number __________________

Program of Study ____________________________ Clinical Faculty __________________

Date of Incident ____________________________ Time of Incident: _________________

Clinical Site Location ____

1. Description of Incident and type of exposure: Include activity at time of exposure (e.g. needle stick while removing vaccutainer needle from barrel after blood drawn). Include part of body exposed, type of device, and severity or depth of injury or exposure.

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2. Treatment of Exposed Area: Include actions taken and timing of actions (e.g. washed wound with soap and water within 3 minutes of exposure).

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3. Source/Patient: Did the host institution document the incident? Yes No

4. Was the Source Patient known? Yes No

5. Risk Status of Source Patient: "Was the patient a high risk patient?" (e.g. IV drug abuse, unprotect sex with multiple partners, immunosuppressed, isolation, TB exposure) or record "not known" per hospital record.

   Yes No Not Known per hospital record.

6. Patient Test Results/Test Ordered: Include names of all blood tests performed in the past and tests ordered on the patient at the time of exposure (e.g. HBsAg, HIV antigen, anti-HCV or Western Blot), dates and results of said tests. Include the lab or hospital name or record "never tested" or "test not ordered".

   A. HBsAg Date ___________ Result __________________
   B. Anti-HCV Date ___________ Result __________________
   C. HIV antigen Date ___________ Result __________________
   D. Previous test results Date ___________ Result(s) ________________
   E. PPD/CXR results Date ___________ Result __________________

   Lab/Clinical/Hospital Name ____

Fax to: Director of the Wilkins Wellness Center at 540-665-5576 Date Faxed: _________________

Health Professions Clinical/IPPE Coordinator notified: _____Yes _____No Date/Time__________