

**Flushing Community Schools
Bloodborne Pathogens
Incident Report Form**

Name of Employee _____

Date of Incident _____ Time of Incident _____

Home Address _____ Phone Number _____

Source/Individual (if known) _____

Briefly describe the incident. What happened? _____

Explain type of exposure: (skin puncture, mucous membrane, soaked clothing, etc.)

Describe "Personal Protective" measures used by employee at the time of incident.

Name of physician (private or school designee) employee will use for follow-up:

Signature of person completing report

Date Completed

Immunization History of Employee

Tetanus (most recent date) _____

Hepatitis B (most recent date) _____