

Health Technologies Division Incident/infection Exposure Report

To Be Completed by the Student

1. Name: _____ Student ID Number: _____
2. Address: _____
3. Telephone Number: _____ (Home): _____ (Work): _____ (Cell)
4. Date of Incident/Exposure: _____ Time of Incident/Exposure: _____
5. Clinical Location _____
(Hospital) _____ (Unit)
6. Course _____ Clinical Preceptor/Faculty _____
7. Type of Incident/Exposure: _____
(Be specific, i.e. blood, airborne, mucous, etc.)
8. Route of Incident/Exposure: Intact Skin: _____ Non-Intact Skin: _____ Parenteral: _____
Respiratory Tract: _____ Mucous Membrane: _____ Other: _____
(Identify)
9. Describe the circumstances/causes of the incident/exposure: _____

10. List the protective equipment used at the time of the incident/exposure: _____

11. List the first aid treatment given at the time of the incident/exposure: _____

To Be Completed by Clinical Coordinator or other NOVA Program Faculty:

1. Source: _____ Tested: Yes No
2. Results Expected: _____ (Date) _____ Where Tested: _____
Tested for: _____ Test Results: _____
3. Student tested: Yes No Result Expected: _____ HepB Vac: Yes No
Where tested: _____ Tested for: _____
Test Results: _____
4. Date of Initial Student Counseling: _____
5. Date of Follow-up Student Counseling: _____
6. Medical follow-up/action taken as a result of the incident/exposure: _____

Additional documentation required? _____

Student Signature: _____ Date: _____
NOVA Clinical Coordinator/ Program Faculty Member: _____ Date: _____