

Lucas County EMS
Infectious Disease Exposure Form



Person Exposed: _____ Unit #: _____
Immediate Contact Phone #: _____ Incident #: _____
Date of Exposure: _____ Time of Exposure: _____
Address / Location of exposure: _____

Describe the incident / exposure (in detail):

What were you exposed to?

HIV: Hepatitis: TB: Meningitis: Other: (Specify):

Disease was: Suspected: Confirmed: Confirmed by:

Reported Exposure (Select all that apply):

Blood: Saliva: Vomitus: Urine: Feces: Airborne:
Other: Specify:

What part(s) of your body were exposed (be specific):

Did you have any open cuts, sores, rashes that were exposed (be specific):

Check all Personal Protective Equipment you were wearing at the time of exposure:

Gloves: Surgical Mask: N95 Mask: Eye Protection: Eye Shield: Other:

Did you seek medical attention?

Where? _____ Date: _____

Contact to Infection Control Supervisor: _____ Date: _____

Source Patient Information: **DO NOT ENTER A PATIENT NAME**

Transport Vehicle: _____ Patient Disposition: _____

Hospital Destination: _____

Date Form Completed: _____