

Infections Disease Exposure Record



Date of Exposure: _____ Time of Exposure: _____

Employee Exposed: _____ Last 4 of SS#: _____

Name of Source (if known): _____

Address of Source (if known): _____

Source Taken to: Hospital Jail Other (specify): _____

Name of Hospital, Jail, or place Source was taken? _____

Briefly describe what happened: _____

The employee must choose whether to proceed with Post Exposure Evaluation or decline (check one):

- I have been advised of the availability of Post Exposure Medical Evaluation per OSHA requirements and am hereby requesting this be provided to me at no cost. I understand that I will file a Worker's Comp claim on my behalf and I authorize release of any necessary information to the Worker's Comp insurance carrier and the treating medical personnel to conduct this evaluation and to process any claim.

- I have been advised of the availability of Post Exposure Medical Evaluation per OSHA requirements and hereby decline a Post Exposure Evaluation for the following reasons (check at least one):
 - I don't believe I was 'exposed' per OSHA definitions.
 - I don't want the Post Exposure Evaluation.

Exposed Employee Signature and Date

Supervisor Signature and Date

HR Manager Signature and Date

Date Received by Personnel

This Confidential Report is for use by the following individuals only: Employee exposed, Immediate Supervisor, Department Head, Personnel official(s), Worker's Comp carrier, and treating medical personnel. File in sealed envelope marked 'CONFIDENTIAL – MEDICAL RECORDS'.

It is the employee's responsibility to notify the City of Hendersonville of any potential exposure incident. Submit this form directly to the Personnel office in a sealed envelope marked 'Confidential' along with the completed First Report of Work Injury or Illness forms.

If leaving forms in overnight drop box at City Hall, you MUST notify the Personnel office at (615) 264-5314 and leave a message regarding the forms or email us at personnel@hvilletn.org for notification.

This form is to be given to the Source and/or Designee as appropriate

NOTE: OSHA Regulations (Standard 1910.1030) requires us to request the following. Your consent is not mandatory. We can only request your cooperation to help us protect our employees who may have accidentally suffered an occupational exposure to your blood or other bodily fluids.

CONSENT TO HIV and/or HBV ANTIBODY TESTING

I understand one or more Hendersonville Public Safety employees have reported an occupational exposure to either my blood and/or other bodily fluids as a result of their rendering assistance to me.

I further understand that:

- the City of Hendersonville is obligated to make immediately available to the employee:
 - Documentation and identification of the Source
 - Results of the Source's blood testing (if available)
 - If consent is not obtained, a statement verifying such
- results of the testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity of the infectious status of the Source.
- the City of Hendersonville will pay for the testing only and will make arrangements for this test.
- results of this test will be kept strictly confidential and released only to those individuals on a need-to-know basis (which may include: exposed employee, medical professionals, City of Hendersonville Personnel official(s), and the City of Hendersonville's Worker's Compensation carrier reps).
- the potential side effects of this testing are those encountered during the routine procedure of obtaining blood specimens. The minor complications may include discomfort from the needle stick, a slight bruising, bleeding, or soreness at the site where the blood was obtained.

I have read and understand the above and hereby give my consent to have my blood tested for antibody to HIV and/or HBV and agree to the limited release of the results to only those individuals who have a need to know with the understanding that this information will be kept in the strictest confidentiality.

I have read and understand the above; however, I refuse to consent to this blood test.

Source's Signature and Date

Source's Name (please print)

If under 18, Parent or Guardian signature

Witness Signature and Date

Witness Name (please print)