



Student Exposure Notification Form

Complete within 24 hours of exposure

Students should report to student health, their private physician or, in the case of an emergency, the hospital emergency department, as appropriate for the type of exposure.

Student's Full Name: _____ Date: _____

Site of Exposure: _____

Type of Exposure:

Needle Stick:

Blood Draw

Injection

Suture

Body fluid:

Blood

Amniotic Fluid

Other (describe): _____

Chemical (describe if known): _____

Please provide a description of the exposure below:

Please describe any treatment, follow up plan or other intervention recommended:

Student signature: _____ Date: _____

Clinical Coordinator: _____ Date: _____