

Occupational Safety and Health for Animal Handlers

EXPOSURE to INFECTIOUS AGENT REPORT FORM (please return completed form to LU EHS at lusafety@liberty.edu)

EXPOSED EMPLOYEE INFORMATION			
Name:	LU ID No.:		
Job Title:	Home Department:		
Phone Numbers	Work:	Home:	
Brief Summary of Job Duties:			
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HBV Vaccination Series?	Yes	No	Dates Received:
Previous Titer Analysis Performed?	Yes	No	Date: Results:
EXPOSURE INCIDENT INFORMATION			
Date of Incident: ____/____/____		Campus Location:	
Time of Incident: ____:____ am pm		Infectious Agent (if known):	
Route of Exposure (circle): Non-Intact Skin Mucous Membrane Puncture			
Circumstances of Exposure:			
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SOURCE INDIVIDUAL INFORMATION (IF APPLICABLE)			
Name (if known):		SSN:	
Consent For Testing Obtained? Yes No			
HBV Status:		HIV Status:	

FOLLOW-UP		
Physician's Visit: Yes No		
Physician Name: _____		
Phone Number: _____		
Address: _____ _____		
Please Check All That Apply		Comments
Baseline Blood Collection		
HIV Serological Status		
HBV Post-Exposure Series		
HBV Immune Globulin		
HBV Titer		
Counseling		
Other:		

