



Snohomish School District No. 201
Exposure Incident
Documentation Form

6512F2
Page 1 of 1

To be completed by employee or representative after exposure.

Exposed Employee Information:

Name: _____ Last 4 of Social Security No.: _____

Position: _____ Location: _____ Shift Hours: _____

HBV vaccination series completed: Yes [] No [] Date Completed: _____

Name of Physician and Place Administered: _____

Exposure Incident Information:

Description of employee's duties as they relate to the exposure incident:

Site where exposure incident occurred: _____

Date of exposure incident: _____ Time of exposure incident: _____

Circumstances under which the exposure incident occurred:

Type(s) of protective equipment used during the exposure incident: _____

Witness Information:

Name: _____ Position: _____

Source Individual Information:

Name: _____ Position: _____

Source Individual Consent Form:

Provided/Sent: Yes [] No [] Date Provided/Sent: _____

Returned: Yes [] No [] Date Returned: _____

If source individual consent form was not signed and returned, document all attempts to secure the signed form:

Name of person who attempted to secure the signed form: _____

Position: _____ Date: _____

Signature(s) of person(s) completing this portion of the form:

Date: _____