

Warren County Special Services School District
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Tel. 908-835-1004 Fax 908-835-1042

~ CONFIDENTIAL ~
DOCUMENTATION AND IDENTIFICATION
OF SOURCE INDIVIDUAL

Name of exposed employee: _____

Name and phone number of medical provider who should be contacted:

INCIDENT INFORMATION

Date: ____/____/____

Name of Medical Record Number of the individual who is the source of exposure

NATURE OF THE INCIDENT

- Contaminated needle stick injury
- Blood or body fluid splash onto mucous membrane or non-intact skin

Other _____

REPORT OF SOURCE INDIVIDUAL EVALUATION

Chart Review By _____ Date _____

Source Individual Unknown-Research by _____

Date ____/____/____

Testing of Source Individuals Blood- Consent obtained _____ Refused

CHECK ONE:

- Identification of source individual infeasible or prohibited by state or local law. State why if infeasible.
- Evaluation of the source individual reflected no known exposure to Bloodborne Pathogen
- Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.

Person completing report: _____ Date: ____/____/____

NOTE: Report the results of the source individuals blood tests to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer. ***HIV related information cannot be released without the written consent of the source individual.***