



NORTH WHATCOM FIRE AND RESCUE

INFECTIOUS DISEASE EXPOSURE REPORT

Exposed Member

Name: _____ Date of Exposure: _____
Date of Birth: _____ Time of Exposure: _____
Station and Unit: _____ Incident #: _____
Home Phone: _____ Alternate Phone: _____

Source Patient

Name: _____ Gender: _____
Suspected or Confirmed Disease: _____
Transported to: _____
Transported by: _____

Incident

Type of Incident: MVA Assault Trauma Medical Other: _____

Type of Exposure: Blood Tears Feces Urine Saliva Vomitus
 Sputum Sweat Airborne Other (Describe): _____

What part of your body became exposed? Be specific. _____

Do you have any open cuts or sores? Be specific. _____

How did the exposure occur? Be specific. _____

Did you seek medical attention? Yes No
Where? _____

Did you notify the Infection Control Officer? Yes No
Date of Notification: _____ Time: _____

Member Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Infection Control Officer Signature: _____ Date: _____

Send original to Infection Control Officer

