

Needle Stick/Exposure to Bodily Fluids REPORT FORM

This form is to be used to report bodily fluid exposures, needle sticks, and similar injuries to College of Pharmacy faculty, staff and students. Complete this form and return it to the Director of Experiential Programs within 24 hours of the exposure or injury.

Name of Person Injured	
Student Identification Number (SID)	
Contact Phone Number	
Email Address	
Today's Date	

Date of Exposure	
Time of Exposure	
Brief Description of Exposure	

TYPE(S) OF EXPOSURE OR INJURY

- Needle
- Lancet
- Glass
- Blood

LOCATION WHERE EXPOSURE OR INJURY OCCURRED

- Intro. Pharmacy Practice Education site or visit
- Advanced Pharmacy Practice Education site
- College of Pharmacy event
- Student organization event

Bodily fluid other than blood

Student employment, internship, or volunteer site

Other (specify):

Other (specify):

THE EXPOSURE OCCURRED

EXPOSED OR INJURED BODY PART(S)

Before use of the sharp

Face/Head/Neck

After use of the sharp

Torso

During use of the sharp

Arm

No sharp used or not applicable

Hand

Leg/Foot

Faculty/Staff/Student's Medical Provider	
Date Provider Seen	
Patient/Source Name	
Patient/Source Contact Information	
Patient/Source Medical Provider	

TO BE COMPLETED BY COLLEGE OF PHARMACY FACULTY/STAFF

Date of Source Testing	
Additional Information or Follow-Up	