



## Clarksville-Montgomery County School System BLOODBORNE PATHOGEN EXPOSURE FORM

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

School/Location: \_\_\_\_\_

Brief description of how exposure occurred and from whom they obtained the exposure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to have testing done for Hepatitis B and HIV? \_\_\_\_\_

Do you request that the student/source of exposure be tested for Hepatitis B and HIV? \_\_\_\_\_

Have you had the Hepatitis B Vaccine series? \_\_\_\_\_

If no, would you like to start the series? \_\_\_\_\_

It is understood that the Clarksville Montgomery County School System via the On-the-Job Injury Program (OJI) will provide the employee with a visit to a healthcare provider to obtain blood testing for HIV and Hepatitis B and first aid for the injury, if treatment is necessary. Any and all treatment relating to this Bloodborne exposure must be approved by the Safety and Health Department per the OJI Program (OJI-PRO1).

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of employee

\_\_\_\_\_  
OJI Office Signature

\_\_\_\_\_  
Date