

REPORT OF POSSIBLE INFECTION DISEASE EXPOSURE

Must be reported immediately to your Supervisor.

Name	
Employee Number	Department
Social Security Number	Today's Date and Time
Date of Exposure	Time of Exposure
What were you exposed to?	
How did the exposure occur?	
What did you do to reduce your chance of exposure?	
Name of person for whom exposure occurred?	

POST EXPOSURE FOLLOW-UP

Exposed associate should be sent immediately for medical evaluation, counseling and care. If the potential exposure includes Hepatitis B, and the associate has not been previously immunized against it, post-exposure vaccination must be offered within 24 hours of the exposure.