

NMCIA

3 b. INFECTIOUS DISEASE EXPOSURE

Continuation of Supervisor's Accident Investigation Report for accident on

_____ for _____
(Date) (Name of Employee [First – Middle – Last])

Potential Exposed Individual:

Name: _____
(First – Middle – Last)

Address: _____
(Home Address) (City) (State) (Zip)

Date of Birth: _____

Type of Exposure:

Airborne _____ Blood _____ Feces _____
Saliva _____ Sputum _____ Tears _____
Urine _____ Vomitus _____

Other / Specify _____

Personal Protective Equipment Used:

Eye Protection _____ Gloves _____

Gown _____ Mask _____

Other / Specify _____

Do you have any open cuts, sores, rashes, or other physical problems that were not covered that were exposed? Be Specific _____

Supervisor's Name (Printed)

Supervisor's Signature

Date