



Occupational Exposure Data Sheet

(To be attached to Monroe Public Schools Employee Accident/Incident Report)

(Writable PDF)

Employee Name: _____ Position: _____ Bldg _____

Date/Time of Incident: _____ Location: _____

Hepatitis B Vaccination Status _____

To Be Completed By School RN

Source Information (individual whose blood or other body fluid may be source of occupational exposure)

Source Name: _____ Hepatitis B Vaccination Status _____

Parent/Guardian (if student): _____ Phone: _____

Street Address: _____ City/State/Zip _____

Building: _____ Assignment: _____

Route of exposure: _____

Personal protective equipment used: _____

Description of exposure incident: _____

First aid treatment given: _____

Time treatment initiated on site: _____

School RN notified immediately: _____ Date: _____ Time: _____

Health Services Administrator notified same day: _____ Date: _____ Time: _____

Other person(s) at scene of incident (indicate employee and/or student names): _____

Additional comments: _____

School RN Signature: _____ Date: _____

To Be Completed By Employee

Health Care Provider follow up: _____ Date: _____ Time: _____

Health Care Provider follow up waived. Initial to waive follow up _____

Employee Signature: _____ Date: _____

Building Administrator Signature: _____ Date: _____

Health Services Administrator Signature: _____ Date: _____