

**LAS VEGAS FIRE & RESCUE
HEALTH HAZARD EXPOSURE FORM**

EMPLOYEE INFORMATION

Name: _____ Platoon: _____

Station: _____ Work Phone: _____

EXPOSURE INFORMATION:

Date: _____ Inc.# _____ Time: _____

Location: _____

Were you exposed to blood, body fluids, or other potentially infectious materials? No Yes (If yes, complete C1, C3 & C4 forms)

Source Individual: _____

Name: _____ DOB: _____

Disposition of Source Individual (Hospitalized, Incarcerated, Deceased, etc.): _____

Receiving Facility: _____

Was screening of source individual requested? No Yes To Whom Did You Make Request? _____

METHODS OF EXPOSURES

Inhalation Ingestion Absorption Injection Unknown

COMMUNICABLE DISEASE

HIV/AIDS Chickenpox Hepatitis B Herpes Measles Meningitis Mumps

Syphilis/Gonorrhea Tuberculosis Other

HAZARDOUS MATERIALS

Identify: _____

PERSONAL PROTECTIVE EQUIPMENT

None Gloves Mask Eye Protection Gown / Apron Respirator / SCBA Turnout Gear

DESCRIPTION OF INCIDENT

Employee Signature

Exposure Control Coordinator

Date

Date

White - Risk Management

Yellow-Exposure Control Coordinator

Pink-Employee

Goldenrod-Attending Physician