

ISU College of Pharmacy  
**Needlestick/Bloodborne Pathogen Exposure Report**

Name of exposed student \_\_\_\_\_

Date of exposure \_\_\_\_\_ Time of exposure \_\_\_\_\_

Is **Source** individual identifiable?/Name \_\_\_\_\_

Does **Source** individual have Hepatitis B? \_\_\_\_\_ Hepatitis C? \_\_\_\_\_ HIV? \_\_\_\_\_

Contact information for source individual: Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Where did incident / injury take place \_\_\_\_\_

Circumstances of exposure / How did it occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were gloves utilized? \_\_\_\_\_

Which sharp item was involved (brand if known)? \_\_\_\_\_

Was the sharp a safety design (shielded, recessed, or retractable needle) \_\_\_\_\_

Was there blood on the sharp? \_\_\_\_\_

Location or locations, size of injury \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How was exposure site cleaned and cared for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor / instructor notified \_\_\_\_\_ Date / Time \_\_\_\_\_

Date and Time Student Health notified \_\_\_\_\_

**Return this completed form to the Office of the Associate Dean**