

**STUDENT HEALTH SERVICES
WICHITA STATE UNIVERSITY
209 AHLBERG HALL
316/978-3620/FAX 316/978-3517**

**EXPOSURE REPORT
(Sharps Injury Log, 29CFR 1904)**

Today's Date: _____

Details of Exposed Person: Student _____ Department _____
Staff/Faculty _____ Department _____
Name _____ My WSU ID# _____
Address _____ Phone Number _____
Hepatitis B vaccinations: Yes No Dates: _____
Vaccine-response status (results of Hepatitis B antibody test, HBsAb) _____
Where exposure occurred: On campus _____ Off campus _____

Details of Procedure:

Date and time of exposure: _____
Give details of procedure being performed: _____
Where and how did exposure occur: _____
Was exposure related to a sharp device: Yes No
If yes, type/brand of sharp device: _____
In the course of handling the device, how and when did exposure occur: _____

Details of exposure:

Type and amount of fluid or material: _____
Severity of exposure:
1. Percutaneous: Yes No Depth of injury _____ Fluid injected: Yes No
2. Skin/Mucous Membrane: Yes No Estimated volume of material _____
Duration of contact: _____ Condition of skin (e.g. chapped, abraded or intact): _____

Details of Exposure Source: (Individual you were exposed to)

Name: _____ Age _____ Phone number _____
Address: _____
Did source material contain human immunodeficiency virus (HIV) or other blood borne pathogen(s): Yes No
If yes please specify: _____
Is source a known HIV infected person: Yes No If yes, stage of disease _____
History of antiretroviral therapy: _____
Viral load, if known: _____
Hepatitis B Surface Antigen (HBsAg) status: _____
HIV status _____ Hepatitis C virus (HCV) status: _____

Caregiver Information:

Counseling on:
1. Lab. Tests: _____
2. Treatment: _____
3. Future Follow-up: _____
4. Outside Referral: _____

Post Exposure Management Plan:

Nurse Signature _____