

Kirkwood
Community College
6301 Kirkwood Blvd. SW
P.O. Box 2068
Cedar Rapids, IA 52406

Body Fluid Exposure – Risk Management Form

1. Assessment of Incident

Today's date: _____ Exposure Date / Time _____
Person exposed: _____ K# _____

What were you exposed to?

Blood Tears Feces Urine Saliva
Vomit Sputum Sweat Other _____

What parts of your body became exposed? Be specific. _____

Did you have any open cuts, sores or rashes that became exposed? _____

How did the exposure occur? Be specific. _____

Last tetanus vaccine: _____ Completed Hepatitis B series _____ No _____ Yes (see below)

Dates of Hepatitis B series: #1 _____ #2 _____ #3 _____

Hepatitis B titre drawn? Yes No Date: _____ Result: _____

Did you seek medical attention? Yes No If yes where? _____ Date _____

2. Source Case Information

Name _____ Address _____

Phone _____ Age: _____

Suspected /confirmed disease: _____

A. Known or suspected risk factors for HIV infection: _____ Yes _____ No

1. Men having sex with men at any time since 1978
2. Using or past use of intravenous drugs.
3. Having multiple sex partners.
4. Receiving blood transfusions or blood products from 1978-1985.
5. Having sex with anyone in the categories above.
6. History of Hepatitis.

Comments _____

B. Hepatitis or Jaundice: _____ No _____ yes Type if known: _____

1. Approximate date or age at time of illness: _____
2. Elevated liver enzymes: _____ Yes _____ No

C. Received blood transfusions: _____ Yes _____ No

Give approximate dates, reason, and geographic location where transfusion(s) was administered: _____

D. Received other blood products: _____ Yes _____ No

List type of products and approximate date(s): _____

E. Other risk factors for transmission of bloodborne disease, such as blood infections: _____

E. Additional comments: _____

This form will be used to evaluate exposure risk and follow-up care.

Student / Staff signature: _____ Date _____

Reviewer: _____ Date _____