

**BLOODBORNE PATHOGEN REPORT**

DATE \_\_\_\_\_ TIME \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CLASSROOM LOCATION \_\_\_\_\_

PROGRAM \_\_\_\_\_ TEACHER \_\_\_\_\_

DESCRIPTION OF INCIDENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF ADULT PRESENT AT TIME OF INCIDENT \_\_\_\_\_  
WITNESS PRESENT AT TIME OF INCIDENT \_\_\_\_\_

FIRST AID GIVEN (DESCRIBE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TIME OF INCIDENT \_\_\_\_\_ TREATED BY WHOM \_\_\_\_\_

TIME OF PARENT NOTIFICATION \_\_\_\_\_ BY WHOM \_\_\_\_\_

STUDENT WAS SENT TO: HOME \_\_\_\_\_ DOCTOR \_\_\_\_\_  
HOSPITAL \_\_\_\_\_

FOLLOW UP INFORMATION OBTAINED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

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DATE RECEIVED \_\_\_\_\_ SIGNED \_\_\_\_\_

