## Oregon Military Department EXPOSURE ROUTES AND CIRCUMSTANCES ECP/BBP Policy 99.200.03 Attachment B Please print legibly

Date completed:		
Employee Name:	OR#:	
Work Phone:		
Job Title:		
Employee Vaccination Status (current or not o	current):	
Date of Exposure:	Time of Exposure:	AMPM
Location of Incident (be specific):		
Nature of Incident (auto, trauma, medical eme		
Was the employee wearing Personal Protective	ve Equipment (PPE)?Y	esNo
Did the PPE Fail?YesNo. If `		
What body fluid(s) were you exposed to (be s		
What parts of your body were exposed (be spe		
Estimate the size of the area of your body that	t was exposed:	