

**CONFIDENTIAL**

**Oregon Military Department  
EXPOSURE INCIDENT REPORT**

ECP/BBP Policy 99.200.03 Attachment E

Information Provided to Health Care Professional:

\_\_\_\_\_  
(Name of Health Care Professional)

Name of Employee: \_\_\_\_\_

Date of exposure Incident: \_\_\_\_\_

Location of Exposure Incident:  
\_\_\_\_\_

Route(s) of Exposure:  
\_\_\_\_\_  
\_\_\_\_\_

Results of Source Individual's Tests:  
\_\_\_\_\_  
\_\_\_\_\_

Description of Employee's Duties Related to Exposure Incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circumstances Under Which Exposure Occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results of Blood Tests:

Tests conducted: \_\_\_\_\_

Test Date: \_\_\_\_\_

Results: \_\_\_\_\_

Medical Provider: Please fax or mail a copy of the completed form for inclusion in SAIF Claim to:  
Oregon Military Department  
AGP, Safety Manager Room 164  
1776 Militia Way SE  
Salem OR 97309  
Fax 503-584-3556

Attached:

Employee's medical records relevant to appropriate treatment, including vaccination status.  
Copy of Oregon Administrative Rules, Chapter 437 Div 2/Z, Bloodborne Pathogens.