

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 current): _____

Date of Exposure: _____ Time of Exposure: _____ AM ___ PM ___

Location of Incident (be specific): _____

Nature of Incident (auto, trauma, medical emergency – be specific): _____

Was the employee wearing Personal Protective Equipment (PPE)? _____ Yes _____ No

Did the PPE Fail? _____ Yes _____ No. If Yes, explain how: _____

What body fluid(s) were you exposed to (be specific): _____

What parts of your body were exposed (be specific)? _____

Estimate the size of the area of your body that was exposed: _____
