

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

1776 Militia Way SE

Salem OR 97309

Fax 971-239-4747

Attached:

Employee's medical records relevant to appropriate treatment, including vaccination status.

Copy of Oregon Administrative Rules, Chapter 437 Div 2/Z, Bloodborne Pathogens.