## APPENDIX X

**STUDENT EXPOSURE INCIDENT REPORT**

Cedarville University Social Work Program

Student Name: Click here to enter text. Faculty Name: Click here to enter text.

Date of Exposure: Click here to enter a date. Time of Exposure: Click here to enter text.

Place of Exposure: Click here to enter text.

Type of potentially infectious materials involved (blood, drainage, air borne): Click here to enter text.

 

 Click here to enter text.

Source of potentially infectious material /client’s name: Click here to enter text.

Circumstances (work being performed, etc.): Click here to enter text.

How incident occurred: Click here to enter text.

Personal protective measures in use during time of exposure (gloves, mask, etc.): Click here to enter text.

The following steps must be taken, and information transmitted, in the case of a student’s exposure to potentially infectious materials:







Click here to enter a date.









Student Signature: Click here to enter text. Date Click here to enter a date.

Field Instructor Signature: Click here to enter text. Date Click here to enter a date.

Field Director Signature: Click here to enter text. Date Click here to enter a date.

UMS Director Signature: Click here to enter text. Date Click here to enter a date.

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