

Augusta University Student Health Service Blood/Body Fluid Exposure Form

RECIPIENT(STUDENT) INFORMATION—Please answer all questions pertinent to your exposure:

Name: _____ School: _____

Cell phone #: _____ Date of Incident: _____ Time of incident: _____

Site of incident: AU Clinic/area, specify: _____ College of Dental Medicine

Outside Augusta University, specify facility & location: _____

Did incident happen in a homeless/free clinic? Yes No

Anatomical site of your injury (left hand/finger, etc): _____

Anatomical site of source patient (area instrument/needle last touched): _____

Did your injury bleed? Yes No

How did you clean/treat your injury? _____ or N/A

How was your injury caused:

Needlestick: Type of needle → Hollow or Solid → Were you recapping the needle? Yes No

Dental Instrument-specify: _____

Blade/Scapel Broken glass Other, specify: _____

Was blood visible on the needle/instrument? Yes No Not sure

Bite, specify source → Human Animal, specify: _____

Splash—specify origin (gastric, vomit, blood, etc.): _____

Was there visible blood in the splash contents: Yes No Not sure

Please provide a brief narrative of the incident (what happened): _____

Describe your injury (check all that apply):

Superficial Deep

Puncture Scratch Laceration

Other description: _____

Do you have a history of a chronic illness such as HIV or hepatitis? Yes No

SOURCE PATIENT INFORMATION – Please provide as much information known about the source patient:

Source Patient Name: _____ MR #: _____

DOB: _____

Is patient homeless? Yes No Unknown Does patient have any tattoos? Yes No Unknown

Source patient coverage: Private Insurance No Insurance Medicaid Medicare Unknown

History of liver disease, yellow jaundice or abnormal liver tests? Yes No

History of bleeding disease? Yes No History of STI? Yes No

History of a blood transfusion and/or received blood products between 1978 – 1985? Yes No

History of IV recreational drug use? Yes No History of alcoholism? Yes No

Males – history of sexual contact with another man? Yes No Safe sex practiced? Yes No

Sexual partner(s) with history of IV drug use? Yes No

Please indicate lab tests done on source:

HIV Antibody Hepatitis C Antibody

Hepatitis B Antigen Other source testing: _____

Office use only: Student's Last tetanus: _____

Student Hepatitis B antibody titer: Positive Negative Unknown (pending)

PEP Line Consulted (Date & time): _____ or N/A

Follow up dates: _____ or N/A