BLOOD/BODY FLUID CONTACT REPORT FORM
DAVENPORT COMMUNITY SCHOOL DISTRICT
(To be completed immediately following contact)
Employee needs to take this form to Work Fitness along with green Work Fitness Authorization Form.

INJURED EMPLOYEE

1. Name of injured _____ Soc. Sec. No. ____/____/_____
(First) (Middle) (Last)
2. Home address _____
(Street) (City) (State) (Zip)
3. Phone _____ 4. D.O.B. _____ 5. Sex ___ 6. Marital Status _____ 7. Total # of dependents _____
8. Hours worked _____to _____ 9. Hours per/day ____ Number days per/week _____
10. Job Title _____ 11. Department _____

THE CONTACT

12. Time of Contact _____ 12a. Date of Contact _____
13. Location Occurred: Building _____
Address _____ City_____ State _____ Zip _____
Building Phone No. _____
14. What body fluid(s) were you in contact with?
Blood _____ Tears _____ Feces _____ Urine _____ Saliva _____
Vomit _____ Other (describe) _____
15. Do you have any open cuts, sores, rashes, that may have been exposed?
No _____ Yes (describe) _____
16. Do you have exposure through eyes, nose, mouth? No _____ Yes (describe) _____
17. Did you use personal protective equipment to prevent this type of contact?
No _____ Yes _____ Type _____
(Explain circumstances) _____
_____
18. Did you seek on-site medical attention at the time of contact?
No _____ Yes (from whom) _____
19. Describe the circumstances involved in your contact with blood/body fluid
_____

SOURCE INFORMATION

20. Source of Contact: Employee _____ Student _____ Other _____
21. Full Name of Source of Contact _____ 22. Sex _____
23. Address _____
24. Phone No. _____

OTHER

25. Building Nurses Name _____ Building Nurses Signature_____
26. Building Nurses' Phone Number _____
27. Building Nurse NOT Available ☐ Alternate Contact: Alma J. Bragg
Wilson: Mon-Tues-Thurs-Fri (391-0903)
Adams: Wednesday (391-6563)
28. Medical App't. Needed: Yes ☐ No ☐
Employee Signature: _____ Date of Report: _____

Work Fitness Personnel will complete this area.

Infectious Disease Follow-Up Needed? No ☐
Yes ☐ (See Attached Health Care Professional's Written Opinion)

Fax copy immediately to Safety Office, Davenport Comm. Schools (386-9810) 3/15/02
Form #5945