GRACEMONT BOARD OF EDUCATION

DIAF-E1

COMMUNICABLE DISEASE RISK EXPOSURE REPORT

The filing of this report and all information entered on it are to be held in strictest confidence in conformance with 63 O.S. Supp. 1988, Section 1-502.1, et seq.

1.	Employee Name:				2. Birthda ial)	te:		
2	(Last)	(Firs	t)	(Middle Init	ial)		Mo/Da	ay/Yr
3. 5.	Profession/Job Title: Work Site/Telephone:	4	. Employer/C	ompany Name:Te	el. Ext. #:			
	(Site)	(Street	(Address)					
6.	Home Address/Telephone:	eet)	(City)	(Zip)	(_		Talamban	2.#
7.	Supervisor's Name/Telephone:	eet)	(City)	(Zip)	1. Ext. #:	AC	relephon	e #
		(Last)	(First)					
8.	Date of Exposure: (Mo/Day/Yr)	//	9. Tin	ne of Exposure:			AM or	PM (Circle One)
٠.								
1.	Exposed Worker has	has not as	mploted the fi	all sarios of Hanatit	is D vessin			
2.	Source Person's Name:	nas not co	impleted the ft	in series of frepatit	is B vaccin	.		
_	(I	Last)		(First)			(Mid	ldle Initial)
3.	Disposition of Source Person (include ac	ddress):						
BE	COMPLETED BY EMPLOYER'S DESIG	<u>GNEE</u>						
e en	nployer agrees to be responsible for all reason	onable charges	s incurred in th	ne disposition of th	is risk expo	sure incid	ent.	
				1	1			
nnlo	yer Designee Reviewing Form:							
	Nama		1.5			16	/	/
	Name(Please Print)		15	Signature		16	/_ (Mc	// D/Day/Yr)
			15	Signature		16	// (Mo	/ o/Day/Yr)
4.	Name(Please Print)		15	Signature		16	/ (Mc	/_ n/Day/Yr)
4.	Name (Please Print) COMPLETED BY THE EMPLOYER'S P		15	Signature		16	/(Mc	o/Day/Yr)
4.	Name(Please Print)	PHYSICIAN						
4.	Name (Please Print) COMPLETED BY THE EMPLOYER'S P In my professional judgment, this was a has the potential for transmission of a co	PHYSICIAN parenteral, per	rmucosal, or s	ignificantly cutane s Hepatitis B, HIV	ous exposur	re to blood	or other be	ody fluids which
4.	Name (Please Print) COMPLETED BY THE EMPLOYER'S P In my professional judgment, this was a has the potential for transmission of a coprocedures and counseling should be pro-	PHYSICIAN parenteral, per	rmucosal, or s	ignificantly cutane s Hepatitis B, HIV	ous exposur	re to blood	or other be	ody fluids which
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