

REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS

Name _____
Last, First, M.I.

Social Security number _____ Birth date _____ Phone number _____

Address _____ City _____ State _____ ZIP _____

Employer's or firm's full name _____ Phone number _____

Employer's or firm's address _____ City _____ State _____ ZIP _____

Job title _____ Date of exposure _____ Time of exposure _____ A.M. or P.M.

Address or location of exposure _____

State fully how exposure occurred (be specific) _____

List all persons present at the exposure whom you can identify _____

What bodily fluid were you exposed to? Blood Vaginal fluid Semen Surgical fluid(s)
 Other fluid(s) containing blood (describe) _____

Who did the bodily fluid come from? _____

Are you aware of a break/rupture in the skin or mucous membrane at body location of exposure to bodily fluid and, if so, please describe.

Did exposure to bodily fluid take place through your skin or mucous membrane?

What specific part(s) of your body was exposed to bodily fluid? _____

This report must be filed with your employer no later than ten (10) calendar days after your work exposure to bodily fluids.

Other required steps:

1. You must have blood drawn no later than ten (10) calendar days after exposure.
2. You must have blood tested for HIV or Hepatitis C by antibody testing no later than thirty (30) calendar days after exposure and test results must be negative.
3. You must be tested or diagnosed as HIV positive no later than eighteen (18) months after the exposure or tested and diagnosed as positive for the presence of Hepatitis C within seven (7) months after the exposure.
4. You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one year from the date of diagnosis or positive blood test if you wish to receive benefits under the workers' compensation system.

I have filed this form with my employer and have received a copy of this completed form.

Employee signature _____ Date _____

**EMPLOYER KEEP ORIGINAL OF NOTIFICATION FORM FOR NOT LESS THAN FIVE (5) YEARS
FOR YOUR SUPPLEMENTARY RECORD OF INJURIES (NOTIFY CARRIER) | EMPLOYEE KEEP COPY
(THIS IS NOT A CLAIM FORM)**