

Howards Grove School District
403 Audubon Road
Howards Grove, WI 53083
Telephone (920) 565-4454
Fax (920) 565-4461



Potential Exposure to Blood Borne Pathogens Incident Report

Date of Report _____ School Name _____

Student/Staff name _____ Date of Birth _____

Parent/Guardian of student _____

Address _____ Phone _____

Date of Incident _____ Time _____ AM/PM

Person Filling out Report _____

Description of Exposure Incident (include specific location, use back page if need additional space)

School Nurse Notified: _____ Date _____ Time _____

Building Principal Notified: _____ Date _____ Time _____

District Office Notified: _____ Date _____ Time _____

Remainder of form to be completed by office staff, administration, or district nurse

Parents notified: Date _____ Time _____ By _____

_____ Informed that any exposure to another's body fluid can present a risk of infection or disease

_____ Informed to seek medical attention within 24 hours

Follow-Up Information Release of information to school at the discretion of parents

Student/Staff seen by Physician _____ Yes _____ No

Name of Physician _____ Phone _____

Address _____

Treatment/Recommendations _____

Copy to Parents. Original forwarded to building principal & school nurse to review, filed in building office.

Principal Initials _____
Date _____
RN Initials _____
Date _____