

PROVO SCHOOL DISTRICT  
**EXPOSURE REPORTING FORM**

Name of Exposed Employee: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Telephone(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Work Location \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Please indicate if you are a:  Contracted Employee  Substitute  Hourly Employee

How long on this job: \_\_\_\_\_ Provo School District Hire Date: \_\_\_\_\_

Location where exposure occurred: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time of Day of Exposure: \_\_\_\_\_

Describe Exposure/Injury (please attach a separate sheet, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Number of Work Days Missed : \_\_\_\_\_ Date Returned to Work: \_\_\_\_\_

Name and Position of Person to whom you reported exposure: \_\_\_\_\_

Witnesses:	Name	Phone Number
	_____	_____
	_____	_____

**Accident Related Information** (please attach a separate sheet, if necessary)

What were you doing when exposure occurred?

What happened to cause exposure?

Please name the object or substance to which you were exposed.

Were Safeguards / Safety Equipment provided?  Yes  No  
Were Safeguards / Safety Equipment used?  Yes  No

Do you want a HIB or HIV test? (Check one)  Yes  No

Please suggest how this exposure might be prevented.

Name of Attending Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Exposed Person \_\_\_\_\_ Date \_\_\_\_\_