

Blood Borne Pathogen Exposure Incident Report - Western Dental Employee/Student

Attention: University Hospital Emergency Department

Western dental

Western employee/student will provide a detailed history of the incident

Please provide the student with an assessment, blood testing and treatment appropriate within the first 2 hours of the incident

Please have the student sign a consent waiver to have their blood

test results sent to:

Date:

LMO signature

LMO