

**CONFIDENTIAL  
DOCUMENTATION AND IDENTIFICATION  
OF SOURCE INDIVIDUAL**

Name of Exposed Employee

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Name and phone number of Medical Provider who should be contacted.

**Incident Information**

Date: \_\_\_\_\_

Name or medical record number of the individual who is the Source of the Exposure;

**Nature of the Incident**

Contaminated needlestick injury

Blood, body fluid splash onto mucous membrane or non-intact skin

Other

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**Report of Source Individual Evaluation**

Chart reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Source Individual Unknown-researched by \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Testing of Source Individual's blood **CONSENT** Obtained  Refused

**Check One**

Identification of source individual infeasible or prohibited by State Law. State why infeasible.

Evaluation of the source individual reflected known exposure to Blood borne Pathogen.

Evaluation of the source individual reflected possible exposure to Blood borne Pathogen and medical follow-up is recommended.