

**Town of Manchester, Connecticut**  
**Non-Significant Exposure to Infectious Disease**

Please complete this form in full and sign. There is no need to complete a Supervisor's Report of Injury form unless you decide to seek medical attention. Obtain a signature from your supervisor. Supervisor – please sign this form and return to Human Resources.

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Incident Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**What was the exposure?**

\_\_\_\_\_ Tuberculosis      \_\_\_\_\_ Aids      \_\_\_\_\_ Tick Bite      \_\_\_\_\_ HIV Positive  
\_\_\_\_\_ Chicken Pox      \_\_\_\_\_ Strep Throat      \_\_\_\_\_ Blood      \_\_\_\_\_ Saliva  
\_\_\_\_\_ Other

**How exposed?**

\_\_\_\_\_ Saliva      \_\_\_\_\_ Blood      \_\_\_\_\_ Bite      \_\_\_\_\_ In presence of  
\_\_\_\_\_ Open wound      \_\_\_\_\_ Other      \_\_\_\_\_ infected person

**Part of body in contact?**

\_\_\_\_\_ Hand      \_\_\_\_\_ Arm      \_\_\_\_\_ Leg      \_\_\_\_\_ Foot  
\_\_\_\_\_ Face      \_\_\_\_\_ Entire body through infectious exposure  
\_\_\_\_\_ Other body part not listed

**Remarks (if necessary)**

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Signature of employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

The employee, by completion of this report, has satisfied the reporting requirement for a suspected non-significant exposure to an infectious disease. In the event of a "significant exposure" as determined by the department and/or employee, subject employee shall be directed to CorpCare, 2800 Tamarack Avenue, Suite 001 in South Windsor within 24 hours of exposure or on weekends or holidays to PromptCare at Manchester Memorial Hospital, for counseling, HIV baseline testing and follow-up counseling and testing as indicated.