

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)

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.