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 infected person

_____ Open wound  _______________ Other

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.

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