

CONTAGIOUS DISEASE EXPOSURE REPORT FORM:

*This form must be faxed to the County Health Officer immediately.

FIELD PERSONNEL ONLY	Agency: _____	Agency Report Number: _____
	Name(s) of exposed: 1. _____	DOB _____
	2. _____	DOB _____
	3. _____	DOB _____
	4. _____	DOB _____
	Immunized for Hepatitis B? (Yes or No) 1. _____ 2. _____ 3. _____ 4. _____	
	Date/Time of Exposure: _____	
	Describe Exposure: (Cuts, wounds, abrasions, airborne)	
	1. _____	
	2. _____	
3. _____		
4. _____		
Workers Compensation Provider (if known): _____		
Source Name: _____	DOB: _____	
Source transported to: _____		
Reason for transport: _____		
<input type="checkbox"/> Alive <input type="checkbox"/> Deceased		
Ryan White Officer: _____		
Supervisor Name:(please print) _____	Date: _____	
Title: _____	Contact Phone #: _____	
	FAX #: _____	
	<ul style="list-style-type: none">• FAX this form to 781-5543 immediately	
COUNTY HEALTH AGENCY ONLY	<ul style="list-style-type: none">• RECOMMENDATIONS BY COUNTY HEALTH OFFICER	
	<input type="checkbox"/> No evidence of communicable disease requiring follow-up.	
	<input type="checkbox"/> Follow-up of exposed workers recommended as follows:	
	Follow-up indicated for: _____.	
	No follow-up indicated for: _____.	
_____	_____	
Signature – County Health Officer	Date	

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- I. INSTRUCTIONS FOR FILLING OUT THE CONTAGIOUS DISEASE EXPOSURE FORM.
- A. Colored pages are to be distributed as follows:
 - 1. WHITE: Return this copy to the Reporting Agency
 - 2. CANARY: County Health Officer
 - 3. PINK: Filing Agency Copy
 - B. If the form is faxed, a hard copy should be mailed to the following address addressed to the County Health Officer.
 - 1. County of SLO Public Health Department 2191 Johnson Avenue San Luis Obispo, CA 93401. ATTN: EMS Personnel Exposure Report
 - C. Multiple names can be placed on one form if they are all from the same EMS Provider. For confidentiality, it is important not to mix names from different EMS Providers on the same form.
 - D. Complete the form, provide a full explanation of the exposure and assure all the required information is included.
 - E. The reporting agency shall retain a copy of the Contagious Disease Exposure Report Form for inter-agency documentation. Two copies are to be sent to the County Health Officer in the manner described above.
 - F. The law requires the County Health Officer notify all EMS Providers' Designated Officers and the EMS Provider's workers compensation physician(s) of any treatment recommendations that are appropriate. EMS Personnel should not contact the receiving hospital or the County Health Officer inquiring about the status of any tests.
 - G. EMS Providers shall provide a 24-hour contact phone number, address and fax number on the Contagious Disease Exposure Report Form.
 - H. EMS Providers shall maintain an available supervisor 24 hours per day to receive follow-up calls from the County Health Officer.