



# Public Health Department

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Health Agency Director

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Health Officer



**Public Health**  
Prevent. Promote. Protect.

## 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: \_\_\_\_\_

Alive  Deceased

Ryan White Officer /

Supervisor Name:(please print) \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

**FAX this form to 781-5543 immediately**

COUNTY HEALTH AGENCY ONLY

### RECOMMENDATIONS BY COUNTY HEALTH OFFICER

No evidence of communicable disease requiring follow-up

Follow-up of exposed workers recommended as follows:

Follow-up indicated for \_\_\_\_\_ no follow-up indicated for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature – County Health Officer \_\_\_\_\_ Date \_\_\_\_\_