STATE OF ALASKA **DEPARTMENT OF CORRECTIONS**

Needle/Blood and Bodily Fluid Exposure

Date of Occurrence:	Time:	Day of Week:	Institution:
Source Individual Name:		☐ Male	☐ Female
Diagnosis:			
Source Individual Consent signed for person exposed to receive information		☐ Yes	☐ No
Source Individual Consent for blood test	Date:	☐ Yes	☐ No
Assistant Superintendent Notified.	Date:		
Narrative of Occurrence - if more space is needed, please attach additional pages.			
Name of person exposed:		☐ Male	☐ Female
Counseling re: bloodborne pathogens?			
Consent for blood test:	☐Yes ☐ No	Date:	
Referred to:		Date:	

Department of Corrections, Form 202.03A
Rev. 07/03