



Form B – Exposure Incident Report Form
(To be completed by the student and faculty member or preceptor)

STUDENT NAME: _____ DATE: _____

INCIDENT: _____

Student Referred for Medical Services: YES NO (PLEASE CIRCLE)

IF NOT REFERRED, PLEASE EXPLAIN WHY: _____

Faculty/Preceptor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____