

Needle Stick and Bodily Fluids Exposure Incident Form



BlueCross BlueShield of Oklahoma

Instructions: This form is to be used to document an incident related to needle stick and or bodily fluid exposure. Please fax this form to Blue Cross and Blue Shield of Oklahoma customer service at **325-224-2033** or email to **sastudenthealthurgents@bcbstx.com**.

Student Information

STUDENT'S NAME: _____ MALE FEMALE

DATE OF BIRTH: _____ HOME TELEPHONE: () _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NO.: _____

VACCINE(S) RECEIVED: TETANUS/DATE: _____ HEP A/ DATE: _____ HEP B/ DATE: _____

Injury Information

LOCATION OF INCIDENT: _____
(Building/floor or room number (lab, bathroom, etc.))

NAME OF ATTENDING FACULTY: _____ TELEPHONE: () _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ AM PM

TYPE OF INSTRUMENT OR DEVICE THAT CAUSED INJURY (CHECK ALL THAT APPLY):

- | | |
|--|--|
| <input type="checkbox"/> INSULIN SYRINGE | <input type="checkbox"/> PRE-FILLED CARTRIDGE SYRINGE (I.E.TUBEX-TYPE) |
| <input type="checkbox"/> SYRINGE - OTHER | <input type="checkbox"/> VACUUM TUBE COLLECTION |
| <input type="checkbox"/> WINGED STEEL NEEDLE | <input type="checkbox"/> RAZOR BLADE/SCALPEL |
| <input type="checkbox"/> WIRE | <input type="checkbox"/> NEEDLE |
| <input type="checkbox"/> BODILY FLUID EXPOSURE/SPLASH
(DESCRIBE): _____ | <input type="checkbox"/> OTHER
(DESCRIBE): _____ |

GLASS: AMPOULE BLOOD TUBE SLIDE LAB GLASSWARE OTHER GLASS PIPETTE

BRAND (BRAND NAME OR "UNKNOWN"): _____ MODEL NUMBER: _____

CLASSIFICATION OF INJURED PERSON: STUDENT TEACHING ASSISTANT (TA)
 OTHER (SPECIFY) _____

ORIGINAL INTENDED USE OF SHARP OBJECT OR NEEDLE: _____

NEEDLE CONTENTS (IF KNOWN): _____

STUDENT SIGNATURE: _____ DATE: / /