

# Needle Stick and Bodily Fluids Exposure Incident Form



BlueCross BlueShield of Texas

**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 Texas 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<br>(DESCRIBE): _____ | <input type="checkbox"/> OTHER<br>(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:     /     /