BlueCross BlueShield of Illinois

Needle Stick and Bodily Fluids Exposure Incident Form

INSTRUCTIONS

This form is to be used to document an incident related to needle stick and or bodily fluid exposure. Please email this form to Blue Cross and Blue Shield of Illinois at **SHP_Benefit_Inquiry@bcbstx.com.**

STUDENT INFORMATION

School Name

Student's Name

☐ Male ☐ Female

Date of Birth	Student Phone (inc. area code)	
Home Address		
City	State	Zip Code

BCBSIL Group and Member ID Numbers (Refer to your member ID card for this information.)

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 (inc. area code)
Date of Incident	Time of Incident ☐ AM ☐ PM

Briefly describe the events leading up to the injury, how the injury occurred and exact locations of the injury on the body.

Type of Instrument or Device That Caused Injury (check all that apply)

- ☐ Insulin Syringe
- ☐ Syringe - Other
- ☐ Winged Steel Needle
- ☐ Wire
- ☐ Bodily Fluid Exposure/Splash (Describe)
- ☐ Pre-Filled Cartridge Syringe (I.e Tubex-Type)
- ☐ Vacuum Tube Collection
- ☐ Razor Blade/Scalpel
- ☐ Needle
- ☐ Other (Describe)

Glass: ☐ Ampoule ☐ Blood Tube ☐ Slide ☐ Lab Glassware ☐ Other Glass ☐ Pipette

Brand (Brand Name Or "Unknown") Model Number

Original intended use of sharp object or needle	Needle contents (if known):

SIGNATURE

Student Signature	Date

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association