

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