

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 **Needle Stick Accident Coverage ID Card Only** 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