

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			
<input type="checkbox"/> Male <input type="checkbox"/> 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	<input type="checkbox"/> Tetanus Date	<input type="checkbox"/> Hep A Date	<input type="checkbox"/> 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		
<input type="checkbox"/> AM <input type="checkbox"/> 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)					
<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:	<input type="checkbox"/> Ampoule	<input type="checkbox"/> Blood Tube	<input type="checkbox"/> Slide	<input type="checkbox"/> Lab Glassware	<input type="checkbox"/> Other Glass
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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