

# Needle Stick and Bodily Fluids Exposure Incident Form



BlueCross BlueShield  
of Illinois

**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 customer service at [sastudenthealthurgents@bcbstx.com](mailto: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 | <input type="checkbox"/> OTHER   |
| (DESCRIBE): _____                                     | (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:       /       /