

**Request for Evaluation of Possible Infectious Disease
Exposure to an Emergency Response Employee (ERE)**

(Suggested Form) 4/18/1994 - Updated 7/1/05

Date	Time	
ERE Incident Identification Code		
Do not use ERE name		
ERE Employer		
Address		
Designated Officer		
Phone		
INCIDENT INFORMATION		
Patient Identification Code (PCR/ACR#)	Age	Sex
Do not use patient name*		
Date transported	Time received	
Receiving facility		
Nature of Concern		
<input type="checkbox"/> Possible Bloodborne Pathogen exposure <input type="checkbox"/> Possible Tuberculosis exposure <input type="checkbox"/> Possible exposure to other respiratory pathogen		
Criteria to support possible bloodborne pathogen exposure		
Type of body substance involved in the incident _____		
Type of exposure: <input type="checkbox"/> Needlestick or other penetrating injury		
<input type="checkbox"/> Mucous membrane/ non-intact skin contact		
<input type="checkbox"/> Other _____		
Description of the incident		
* If necessary, the name of the patient and the identification code may be provided to the medical facility separately		

Criteria to support possible tuberculosis or other respiratory pathogen exposure

FACILITY RESPONSE (Must be completed ASAP but no longer than 48 hours)

There is insufficient information with which to identify the source patient

____ Source patient tested for

____ HIV antibody (rapid assay)

____ Hepatitis B

____ Hepatitis C

____ Evaluation of the source patient reflected no available evidence of the type of infection in question

Evaluation of the source patient confirmed the presence of :

____ Evaluation of the source patient demonstrated signs and symptoms which may be compatible with _____, however no laboratory data are available at this time with which to confirm a diagnosis

Name of Facility Contact

Phone

Date/Time Designated Officer informed

Comment

Date/ time received by Designated Officer

Date/ time ERE informed

Comment