



UMATILLA COUNTY FIRE DISTRICT #1 REPORT OF INFECTIOUS DISEASE EXPOSURE

Admin Use Only
MPD notified on: _____
Health & Safety: _____
Ops Chief: _____

Exposed Employee: _____
Date of Exposure: _____ Time of Exposure: _____ Incident #: _____
Location of Exposure: _____
Describe the incident/exposure: _____

What were you exposed to: Blood Saliva Vomitus Airborne Other: _____

List all personal protective equipment you were wearing at the time of the exposure:
Gloves Mask Gown Eye Protection Other: _____

SOURCE PATIENT INFORMATION: Name: _____
Age: _____ DOB: _____ Social Security #: _____ Sex: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone No.: _____

Did you receive medical care? (please describe care, by whom, and location (facility))

Please complete Oregon Worker's Compensation Form 801 by clicking on this link:

Supervisor's Signature _____ Date: _____

Supervisor's Name: _____

Employee's Signature _____ Date: _____

Immediately notify the EMS Chief of this exposure by phone and submission of this form