Concord Fire Dept. Exposure to Bloodborne Pathogens

This Form is to be filled out by any Concord Fire Dept. Personnel who come into direct contact with any bodily fluids while acting as a firefighter on calls or during training activities. The Chief Officer needs to be notified immediately of exposure and will then determine based on the incident if that member shall seek medical attention for precautionary measures due to the exposure.

Personnel Exposed:	_	
Incident Date:	Incident Location:	
Reported To:		
Summary: (Specify if you were instructed to seek medical attention.)		
Personnel Exposed (signature)	Date:	_
Chief Officer (signature)	Date:	