



**DEPARTMENT OF HEALTH PROFESSIONS
ELGIN COMMUNITY COLLEGE**

POST EXPOSURE INCIDENT REPORT

Patient ID# _____

Name of Source _____

Date of Incident _____

Location of Incident _____

Course _____

Instructor _____

*Information contained in this report will be kept in the Health Professions office.

Description of Incident:

Action Taken / Treatment:

Follow Up Testing and Results: attach to this report

Student's signature _____ Date _____

Instructor's signature _____ Date _____

Program Director's signature _____ Date _____