

**CONTAGIOUS DISEASE EXPOSURE REPORT FORM**

**\*This form must be faxed to the County Health Officer immediately.**

**EMS PROVIDER ONLY**

EMS Provider: \_\_\_\_\_ Report Number: \_\_\_\_\_

Name(s) of exposed: 1. \_\_\_\_\_ DOB \_\_\_\_\_ # \_\_\_\_\_  
(Include contact #) 2. \_\_\_\_\_ DOB \_\_\_\_\_ # \_\_\_\_\_  
3. \_\_\_\_\_ DOB \_\_\_\_\_ # \_\_\_\_\_  
4. \_\_\_\_\_ DOB \_\_\_\_\_ # \_\_\_\_\_

Date/Time of Exposure: \_\_\_\_\_

Describe Exposure (Cuts, wounds, abrasions, airborne):

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Worker's Compensation Provider:**

**Phone Number:**

**Address:**

**Fax:**

Source Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Source transported to: \_\_\_\_\_

Source Phone Number (if available): \_\_\_\_\_

Alive  Deceased

Ryan White Officer (if alternative management is selected): \_\_\_\_\_

Designated Infectious Control Officer Info:

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email: \_\_\_\_\_

- **FAX this form to 781-5543 immediately and report to worker's compensation provider.**

- I. INSTRUCTIONS FOR FILLING OUT THE CONTAGIOUS DISEASE EXPOSURE FORM:
- A. Fax completed form to: 805-781-5543.
    - 1. If fax is not available, call 805-781-5506 to report the information by phone. After speaking with a Public Health Nurse, mail the completed form to: 2191 Johnson Avenue, San Luis Obispo, CA, 93401.
  - B. Receipt confirmation will be made by Email or phone call.
  - C. Multiple names can be placed on one form if they are all from the same EMS Provider. For confidentiality, it is imperative not to mix names from different EMS Providers on the same form.
  - D. Complete the form, provide a full explanation of the exposure and ensure all the required information is included.
  - E. The reporting EMS Provider shall retain a copy of the Contagious Disease Exposure Report Form for inter-agency documentation.
  - F. Test results will be reported by the San Luis Obispo Public Health Department (SLO PHD) via telephone and/or fax to the EMS Provider and/or their designated workers compensation provider.
  - G. EMS Providers shall provide a 24-hour contact phone number, Email, address and fax number on the Contagious Disease Exposure Report Form. This is the point of contact for follow-up communication.
  - H. EMS Providers shall maintain an available supervisor 24 hours per day to receive follow-up calls from SLO PHD.