FORM # 41-107

IMPORTANT NOTICE OF MANDATORY TESTING REQUIREMENTS

Infectious Exposure Notice

Section 81.050 of the Texas Workers' Compensation Code States that an employee must do the following in order to qualify for Workers' Compensation Benefits Due to a possible work-related Exposure to a reportable disease: (A) Provide the employer with a sworn affidavit ***(complete the City Report of Injury Form)*** of the date and circumstances of an exposure to a reportable disease and (B) ***be tested for the disease and provide the employer with the test results; (both conditions) not later than 10 days after the date of exposure.*** The testing will be paid for by the department.

CITY of GRAND PRAIRIE

INFECTIOUS EXPOSURE NOTICE and SWORN AFFIDAVIT

Exposed Employee: _____ **Rank:** _____

Soc. Sec. #: _____ **Home Phone:** _____

Field Inc. #: _____ **Shift:** _____ **Company:** _____

Name of Patient: _____ **Sex:** _____

Age: _____ **Address:** _____

Suspected or Confirmed Disease: _____

Transported to: _____

Transported by: _____

Date of Exposure: _____ **Time of Exposure:** _____

Type of Incident (auto accident, trauma): _____

What were you exposed to:

Blood _____ **Tears** _____ **Feces** _____ **Urine** _____ **Saliva** _____

Vomitus _____ **Sputum** _____ **Sweat** _____ **Other** _____

What part(s) of your body became exposed; be specific: _____

_____

Did you have any open cuts, sores, rashes that became exposed; be specific: _____

_____

How did exposure occur (be specific): _____

_____

Did you seek medical attention _____ **Yes – No** _____

Where _____ **Date** _____

Contact Safety Infection Control Officer: _____

Date: _____ **Time** _____

Supervisor's Signature: _____ **Date:** _____

Employee's Signature: _____ **Date:** _____