New Jersey Department of Health
Public Health Sanitation and Safety Program
PO Box 369
Trenton, NJ 08625-0369

CONFIDENTIAL
MEDICAL WASTE EXPOSURE REPORT

FOR STATE USE ONLY		
Case Number	Date	Type of Exposure ☐ Beach ☐ Community ☐ Occupational

All sections must be completed. If information is not available, write "N/A."

A. GENERAL INFORMATION		
Name of Victim (First, MI, Last)	Age	Sex ☐ Male ☐ Female
Local Address	Permanent Address (if different from Local)	
City, State, Zip	City, State, Zip	
Telephone Number ( )	Telephone Number ( )	
Date of Incident *(mm/dd/yy)* ____/____/____ ⋮ Time *(hh:mm)* ____:____ ☐ AM ☐ PM	Parent/Guardian Contact	Date
Date Reported to NJDOH ____/____/____ ⋮ Time ____:____ ☐ AM ☐ PM	Received By	
Name of Agency Reporting Incident	Telephone Number ( )	
Name of Official	Title of Official	
Location of Incident: Street Address/General Area: ______________________ City/Town/Locality: ______________________ County: ______________________		
Description of Item Found	Type of Item ☐ Syringe ☐ Barrel Only ☐ Needle Only ☐ Other: ______________________	
	Is Fluid Present? ☐ Yes ☐ No	Approximate Amount, if Known
Comments		

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(Continued)

B. MEDICAL INFORMATION

Type of Item
☐ Needle Puncture ☐ Intact Skin ☐ Laceration
☐ Fluid Contact ☐ Non-Intact Skin ☐ Body Part: ______________________
☐ Other: ______________________

First Aid Administered? ☐ Yes ☐ No	By Whom (if known):	
Medical Treatment Rendered Prior to NJDOH Consult? ☐ Yes ☐ No	By Whom (Doctor/Hospital):	Telephone Number ( )

Vaccination Status and NJDOH Recommendations:

Last Tetanus Vaccination: ______________________

HIV Serological Testing Recommended?	☐ Yes	☐ No	
Performed?	☐ Yes	☐ No	Date: ______________
Hepatitis B Vaccination Recommended?	☐ Yes	☐ No	
Initiated?	☐ Yes	☐ No	Date: ______________
Hepatitis B Vaccination Refused?	☐ Yes	☐ No	
HIV Counseling Recommended?	☐ Yes	☐ No	

NJDOH Physician Contacted? ☐ Yes ☐ No	Name of Physician:
If Yes, Date Contacted *(mm/dd/yy)* ____/____/____	Time *(hh:mm)* ____:____ ☐ AM ☐ PM

Specific Comments:

Victim's General Comments:

Other Information: