



OSF Saint Anthony Medical Center -  
Northern Region EMS

**OSF HealthCare Northern Region EMS  
EMS Provider EXPOSURE FORM**

Provider's Name \_\_\_\_\_ S.S. # \_\_\_\_\_.

Home Phone \_\_\_\_\_ Sex \_\_\_\_\_ EMS Agency \_\_\_\_\_

Date of Exposure \_\_\_\_\_ Time \_\_\_\_\_.

Date Exposure Reported \_\_\_\_\_ Time \_\_\_\_\_.

Provider's Personal Physician \_\_\_\_\_.

**Describe what happened, include where, when and how, as well as the route of entry and affected body part.**

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**What type of personal protection equipment was being used?**

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**Name the person, room number and/or EMS Incident #, if applicable, to whose body fluid you were exposed (if known).**

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**Witnesses to the incident** \_\_\_\_\_.

**Factors contributing to the incident**

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**Dates/Location of Hepatitis B Vaccination: #1\_\_\_\_\_ #2\_\_\_\_\_ #3\_\_\_\_\_**

**Location** \_\_\_\_\_.

**Provider SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

**Supervisor: Complete next page (Page 2 of this form)**

**OSF Northern Region EMS**

5510 East State Street, Rockford, Illinois 61108 ☐ (815) 395-5254 ☐ Fax: (815) 395-4623  
<http://www.OSFNorthernRegionEMS.org>



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**EMS Provider EXPOSURE REPORT FORM (Page 2)**

**SUPERVISOR'S SECTION:**

**Supervisor's description of the exposure:**

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**What action was taken?**

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**Did unsafe conditions or actions contribute to the incident? If yes, please explain in detail.**

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**What follow-up or specific corrective action has or will be taken to prevent a recurrence?**

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**Supervisor (print) \_\_\_\_\_**

**Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_**

**PLEASE SEND or DELIVER THIS COMPLETED REPORT TO:**

**OSF Northern Region Emergency Medical Services  
OSF Saint Anthony Medical Center - Center for Health  
Attn: Lisa Kirane / Jesse Shaw  
5510 East State Street  
Rockford, Illinois 61108  
Phone (815)395-5254  
Fax (815)395-4623**

**Exposure reports may be emailed to:**

[Lisa.R.Kirane@osfhealthcare.org](mailto:Lisa.R.Kirane@osfhealthcare.org) or [Jesse.J.Shaw@osfhealthcare.org](mailto:Jesse.J.Shaw@osfhealthcare.org)

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