Republic of the Philippines
Department of Health
MARGOSATUBIG REGIONAL HOSPITAL
Margosatubig, Zamboanga del Sur

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NEEDLE STICK AND PERCUTANEOUS INJURY/SPLASH EXPOSURE REPORT FORM

Name: _____ Date Reported: _____
Area Assigned: _____
Designation: ( ) Doctor ( ) Medical Intern ( ) Medical Clerk
( ) Nurse ( ) Nurse Trainee ( ) Midwife
( ) Medical Technologist ( ) Phlebotomist ( ) Maintenance Staff
( ) Nurse Attendant ( ) Nurse Attendant Trainee ( ) Student
( ) Housekeeper ( ) Janitor/ Institutional Worker
( ) Others: _____
Date of Exposure: _____ Site of Exposure: _____

Risk Identified: ( ) Hepatitis A ( ) Hepatitis B ( ) Hepatitis
( ) HIV ( ) Malaria ( ) Others: _____
( ) Unknown

Cause of Exposure: ( ) Recapping ( ) During Specimen Collection
( ) During Drug Administration ( ) During Suturing
( ) Upon Inserting or Terminating IV line ( ) Others: _____
Explanation of Incidence:
_____
_____
_____

Latest Result of Anti-HbsAg: _____
Pre-Prophylaxis Vaccine: _____
Number of Dose Completed: _____ Date Completed: _____
Date of Booster Dose Given: _____

Reported by: _____ Noted by: _____
Name and Signature Senior Nurse/Head of Area Assigned/Physician

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NEEDLE STICK AND PERCUTANEOUS INJURY/SPLASH EXPOSURE REPORT FORM

To: Out Patient Service

Mr/Ms/Dr _____, a _____ assigned at _____, MRH has reported to our office as being exposed to patient's blood and body fluids through needle stick/slash injury.

He/She is now being forwarded to your clinic/service for further evaluation and management. This incidence has been documented as part of our employee surveillance on matters pertaining to exposure to probable infectious disease.

Noted:
Latest Result of Anti-HbsAg: _____
Pre-Prophylaxis Vaccine: _____
Number of Dose Completed: _____ Date Completed: _____
Date of Booster Dose Given: _____ Site Exposed: _____

_____
Infection Control Nurse on Duty

Note: This form may vary as the unit undergoes transition to online platform