



LINKAGE REPORT

For Bloodborne Pathogens Exposure

Service Date: _____

EXPOSED INDIVIDUAL

(Place exposed individual's sticker label here or fill in information.)

Exposed Individual's Name:

Exposed Individual's SS#

Exposed Individual's Employer (if work related):

Is Exposed Individual a First Responder? Yes No

SOURCE INDIVIDUAL

(Place exposed individual's sticker label here or fill in information.)

Source Individual's Name:

Source Individual's A#:

Source Individual's Date of Birth:

Nurse's Signature: _____ Date: _____

FAX FORM TO EMPLOYEE HEALTH: 975-6747

NOT A PART OF THE PERMANENT MEDICAL RECORD