

Request for Notification

Hospital use only

Received _____
Admin.# _____
Unit # _____

Part 1.

Patient Name _____

Other identifying characteristics (e.g. age, sex, race, scene location, reason for transport etc.) _____

Date and Time form completed _____

Incident Numbers _____

Requesting Individual:

Name _____
Address _____
Phone (Work) (Home) _____

Employer: City of Toledo Fire and Rescue Operations
Division of Fire and Rescue
3917 Imlay Street
Toledo, OH 43612
(419) 245-1147

Supervisors Name _____ Infectious Control Officer

Exposure Details: Date _____ Time _____

Type of Exposure(e.g. needle stick, blood splash, etc.) _____

Body site exposed (eyes, skin, open wound etc.) _____

Do Not Write Below This Line

No Contagious or infectious disease was diagnosed in this patient during hospitalization.

Patient discharged _____

Patient transferred to _____

The following disease test results were identified in the above patient.

_____ Date _____
_____ Date _____
_____ Date _____

- ECW notified by phone
- Supervisor notified by phone on
- Form mailed

Comments _____

Completed by, Name, Title Institution _____

Date _____