Snoqualmie Valley
Public Schools

8001 Silva Avenue SE*P.O. Box 400, Snoqualmie, WA 98065*Phone 425-831-8000*Fax425-831-8040

POST-EXPOSURE REPORT & EVALUATION

To be completed by the Employee and his/her Supervisor. One copy to remain in personnel file at the District Office, one copy to Employee, and one copy to be taken to designated Physician.

Employee Name: _____ ___-___-____
Last First MI Social Security

Date of Exposure: _____ Time:_____ AM/PM

Site of Exposure: _____

_____

_____

Description of Incident (include circumstances, route, and all other relevant information):

_____

_____

_____

Name of Source Individual: _____
Last First MI

Name of Parent/Guardian if Source is a minor: _____

Address: _____ Phone: _____
Box/Street Address

_____ Phone: _____
City State Zip

Description of Employees Duties as Related to Exposure Incident: _____

_____

_____

_____

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