

Medical Assistant

Dental Assistant

Laboratory Technician

Sample Bagger

Nurse

Human blood

Blood by-products

Unfixed human tissue or\_ organs (living or dead)

Hepatitis B or HIV- containing cell/tissue/ organ cultures or medium Semen

Vaginal secretions

Synovial fluid (joints)

Non intact skin

**Employee Exposure Determination – Compliance Directive CPL 2-2.44D**

(to be completed by every employee)

PRINT NAME: \_\_\_\_\_

Date \_\_\_\_\_

JOB CLASSIFICATION (circle all that apply):

Doctor

Physician Assistant

Nurse Practitioner

Reception/Secretary

Dental Hygienist

Administrator/office mgr.

Housekeeping

Other (describe):

**EXPOSURE DETERMINATION**

Are you exposed to any of the following potentially infectious materials while you perform your work-related duties?

YES, I am exposed to the following materials (please identify) Underline or Circle.

**NO**, my work-related duties do not cause me to be exposed to blood, blood by-products, or any of the other potentially infectious materials listed.

**Employee Signature** \_\_\_\_\_

~~Pleural fluid~~ (chest/lung)

Pericardial fluid (heart)

Peritoneal fluid (abdomen)

Amniotic fluid (uterus)

Blood-contaminated saliva

Cerebrospinal fluid (spinal)

Any body fluid that is visibly contaminated with blood

Any body fluid where it is difficult or impossible to differentiate between fluids

