

**BLOODBORNE/PATHOGEN/BODILY FLUID EXPOSURE INCIDENT REPORT
DECLINATION OF MEDICAL ASSESSMENT TREATMENT**

Phone: 402-436-1760
Fax: 402-458-3276

**Risk Management Department
Lincoln Public Schools**
(Use Blue or Black ink)

Employee Name: _____ Employee I.D.#: _____

Phone: _____ LPS Email: _____ Dept.: _____

Building
Where Employed: _____ Work Phone: _____

Position: _____ Special Education: ☐ Yes ☐ No

Location: _____

Incident Date (mm/dd/yy): _____ Did injury involve a student: ☐ Yes ☐ No

Student Name/ID #: _____

Time of Incident: _____ Special Education Student: ☐ Yes ☐ No

Description of Incident:

I hereby decline assessment/treatment for the exposure incident noted above.

(Non-Electronic) Employee Signature

Date

(Non-Electronic) Health Office Signature, if seen

Date

(Non-Electronic) Supervisor Signature

Date

This form is to be completed when a bloodborne/pathogen exposure incident has occurred and the employee declines assessment/treatment at the district's designated treatment facility.

SEND COMPLETED FORM TO RISK MANAGEMENT, BOX 14, LPSDO

Risk Management Use Only