

**REPORT OF EXPOSURE TO COMMUNICABLE DISEASE/HAZARDOUS MATERIAL
CHICAGO POLICE DEPARTMENT**

TODAY'S DATE (DAY - MONTH - YEAR)

INSTRUCTIONS: This report is to be completed by a supervisor even if the exposure does not require medical treatment. It is to be forwarded to the Medical Section immediately with copies of all applicable reports attached. In communicable disease cases the member should contact the Medical Section within 7 calendar days, if not previously contacted. Prepare this report in triplicate: the original to the Medical Section; one copy to the member's unit commanding officer of exempt rank; one copy to concerned member.

SPECIFY COMMUNICABLE DISEASE/HAZARDOUS MATERIAL		CHEMICAL IDENTIFICATION NUMBER	
NAME OF MEMBER (LAST- FIRST- M.I.)		STAR NO.	EMPLOYEE NO.
HOME ADDRESS (NO., STREET, ZIP CODE)		HOME PHONE NO.	SEX-AGE UNIT ASSIGNED/DETAILED
DATE OF EXPOSURE - TIME	LENGTH OF EXPOSURE	WAS MEMBER ASSIGNED TO <input type="checkbox"/> BEAT CAR <input type="checkbox"/> SQUADROL	<input type="checkbox"/> OTHER (SPECIFY) TIME EXPOSURE WAS REPORTED TO SUPERVISOR
ADDRESS WHERE EXPOSURE OCCURRED		WHAT TYPE OF INCIDENT WAS MEMBER ASSIGNED TO?	
NAME & ADDRESS OF PERSON SUSPECTED TO BE INFECTED WITH CONTAGIOUS DISEASE		DISPOSITION OF PERSON EXPOSED TO <input type="checkbox"/> ARRESTED <input type="checkbox"/> C.C. INSTITUTE OF FORENSIC MED. <input type="checkbox"/> OTHER (SPECIFY)	
PPE USED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE PPE USED <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> CHEMICAL SUIT	<input type="checkbox"/> GLOVES <input type="checkbox"/> GOWN <input type="checkbox"/> OTHER - SPECIFY EMERGENCY MEDICAL TREATMENT <input type="checkbox"/> GIVEN AT SCENE <input type="checkbox"/> HOSPITAL (SPECIFY) <input type="checkbox"/> NONE	
DESCRIBE IN DETAIL HOW EXPOSURE OCCURRED (SPASH, DROPLET, FOG, MIST, BLOOD, OR MUCUS). LIST RD NO. WHEN AVAILABLE & C.B. NO. IN CASE OF ARREST)			

WERE WITNESSES PRESENT? IF YES, LIST NAME(S) & ADDRES(ES) <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE DEPARTMENT INCIDENT COMMANDER
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BASED UPON THE INFORMATION AVAILABLE, WAS THE MEMBER EXPOSED TO THE COMMUNICABLE DISEASE/HAZARDOUS MATERIAL IN THE PERFORMANCE OF DUTY? YES NO UNKNOWN

SUPERVISOR PREPARING REPORT (PRINT NAME) -	RANK	SIGNATURE	DATE
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I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND THAT THE EXPOSURE WAS SUSTAINED IN THE PERFORMANCE OF DUTY.
IF MEMBER IS UNABLE TO SIGN RECORD THIS IN SIGNATURE BLOCK

MEMBER'S SIGNATURE	DATE
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I HEREBY CERTIFY THAT AS A RESULT OF THE FACTS STATED ABOVE:
 I AM SATISFIED THAT THE EXPOSURE DESCRIBED ABOVE WAS RECEIVED IN THE PERFORMANCE OF DUTY.
 I AM NOT SATISFIED THAT THE EXPOSURE DESCRIBED ABOVE WAS RECEIVED IN THE PERFORMANCE OF DUTY.

SIGNATURE OF UNIT COMMANDER OF EXEMPT RANK -	RANK	UNIT	DATE
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MEDICAL SECTION USE ONLY

DATE & TIME MEMBER CONTACTED	CONTACTED BY - NAME - STAR/EMPLOYEE NO.
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REMARKS