

REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS OR OTHER INFECTIOUS MATERIAL

(This form is <u>not</u> a claim form, but a report of exposure. Forms to re	eport a ciami to the muustrai Commissio	ii are available at. <u>www.azica.gov</u> .)
Exposed Employee	Birth Date	Job Title

Last Name 2. Address	First	M.I.	Phone No.
			Phone No.
3. Employer's Full Name			
4. Employer's Address			
5. Date of Exposure	,	Time of Exposure	
6. Address or Location of Expo	osure		
7. Describe the circumstances s of any witnesses to the exposure		ling (if applicable) personal prote	ective equipment worn and the names
8. What were you exposed to? Blood Vaginal fluid Semen Surgical fluid(s) Saliva Vomitus	Broken skin Urine Mucous membrane Feces	ages, personal items, etc.) Check Any other fluid(s) containing blood or Airborne/Respiratory/Oral Secretions or pus-filled/red/swollen/painful skin lesi	infectious material (Describe) Other (specify):
9. Source person(s) information	Unknown Known		
Name Address		DOB City	Phone No. State Zip
membrane (be specific)?		·	ke place through your skin or mucous
fluids/infectious material (please		uptures in your skin or mucous m	nembrane that were exposed to bodily
I HAVE GIVEN THIS FORM	I TO MY EMPLOYER AND	HAVE RECEIVED A COPY O	OF THIS COMPLETE FORM.
EMPLOYEE SIGNATURE _			DATE

Other Required Steps to Establish Prima Facie Claim for HIV, AIDS or Hepatitis C (A.R.S. §§ 23-1043.02, -03; A.A.C. R20-5-164)

- 1. You must file this report with your employer no later than ten (10) days after your exposure.
- 2. You must have blood drawn no later than ten (10) calendar days after exposure.
- 3. You must have blood tested for HIV or Hepatitis C by Antibody Testing no later than thirty (30) calendar days after exposure and test results must be negative.
- 4. You must be tested or diagnosed as HIV positive no later than eighteen (18) months after the exposure, or tested and diagnosed as positive for the presence of Hepatitis C within seven (7) months after the exposure.
- 5. You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis or positive blood test if you wish to receive benefits under the workers' compensation system.

Other Required Steps to Establish Prima Facie Claim for MRSA (A.R.S. § 23-1043.04; A.A.C. R20-5-164)

- 1. You must file this report with your employer no later than thirty (30) days after your exposure.
- 2. For a claim involving MRSA, you must be diagnosed with MRSA within fifteen (15) days after you report in writing to your employer the details of the exposure.
- 3. You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis if you wish to receive benefits under the workers' compensation system.

Other Required Steps to Establish Prima Facie Claim for Spinal Meningitis or TB (A.R.S. § 23-1043.04; A.A.C. R20-5-164)

- 1. You must file this report with your employer no later than ten (10) days after your exposure.
- 2. For a claim involving spinal meningitis, you must be diagnosed within two (2) to eighteen (18) days of the possible significant exposure and for a claim involving tuberculosis, you must be diagnosed within twelve (12) weeks of the possible significant exposure.
- 3. You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis if you wish to receive benefits under the workers' compensation system.

Employer: Keep Original (Notify Carrier) Employee: Keep Copy
THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA

Claims ICA 0124-Rev 03.21.25