



Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality Department

Lusail Construction Safety Procedural Forms/Checklists – Post Exposure Medical Evaluation Form

Document No LUS-HSE-FM4-446-079.01 Rev 1

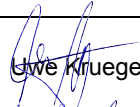
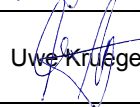
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COMPANY PROPRIETARY INFORMATION

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not controlled if printed.

Amendment Record

This document is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Rev .No	Description / Comments	Prepared By	Checked By	Approved By	Issue Date
1	(Pg. 1) Company Propriety Information – Not controlled if printed has been added.	HSE Working Group	Michael Ford	 Uwe Krueger	1 st April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford <i>Michael Ford</i>	 Uwe Krueger	1 st April 2015



Post Exposure Medical Evaluation Form

Exposed Individual's Information:

Check one: Employee Student Report Date: _____

Name: _____

Address: _____

Telephone: _____ Permit (ID) Number: _____

Exposure Information:

Exposure Date: _____ Exposure Time: _____

Facility and specific location within it where incident occurred (room, etc.):

Body Part Injured: _____ Nature/Type of Injury: _____

Type and model of device involved in the incident (needle, lancet, etc.)

Source Individual's Name (if known): _____

Did the accident/ exposure result in any of the following? Check all that apply.

- Percutaneous exposure (needle-sticks /break in skin that causes bleeding)
- Mucous membrane contact (eyes, mouth, nose)
- Chapped skin, abraded skin, dermatitis
- Exposure to chemical(s)
- Other, please explain _____

Personal Protective Equipment Used:

Gloves Eye Protection Face Protection Other _____

The injured person will state in his/her own words, precisely how the accident/incident occurred:

The injured person will describe what was done immediately after the accident/incident:

Tell how this type of exposure can be prevented (use additional sheet if needed):

I agree to HIV testing for the diagnosis of possible HIV infection. If I am found to have HIV, I agree to additional testing to determine the best treatment for me and to monitor the epidemic.

For pregnant women only:

I authorize my health care provider to repeat HIV diagnostic testing later in this pregnancy. I understand that my health care provider will discuss this testing with me before the test is repeated and will provide me with the test results. The consent to repeat diagnostic testing is limited to the course of my current pregnancy and can be withdrawn at any time.

Exposed Individual: _____ **Signature:** _____ **Date:** _____

Reporting Individual: _____ **Signature:** _____ **Date:** _____

Supervisor/Witness: _____ **Signature:** _____ **Date:** _____