HEIC RN_____ Reviewed_____ Time spent_____Date faxed_____ Page_____

JOHNS HOPKINS HOSPITAL EXPOSURE FORM Patients/ Staff/Visitors

Disease: Influenza A N. Meningitidis Pertussis Scabies Other_____

Place(s) of exposure _____ Date(s) of exposure _____

Name of index case (S, P, St, V) _____ Hx. # _____

Onset Date _____ Date of isolation _____

Name / Social Security # OR Employee Badge #	Title	Dept. / Occupation	Unit	Beeper/phone (how to reach you)	Prior Flu Vac.	Treatment Proph./ Vaccine	Comments
	S. P St. V						
	S. P St. V						
	S. P St. V						
	S. P St. V						
	S. P St. V						
	S. P St. V						
	S. P St. V						
	S. P St. V						
	S. P St. V						
	S. P St. V						
	S. P St. V						
	S. P St. V						
	S. P St. V						
	S. P St. V						

Total number exposed _____ _____ Entered into database

Patient(P) Staff (S) Student(St) Visitor(V)