This form captures the medical information necessary to conduct follow-up if an exposure has occurred while fulfilling public health volunteer duties for Arlington County. ACPH-VMS Volunteer Processing Branch assures completion of this form and transmittal to ACPH-VMS Plans.

1. INCIDENT: | 2. TIME/DATE:
--- | ---

3. VOLUNTEER NAME: | 4. VOLUNTEER ID #:

5. CONTACT NUMBERS: (h) | (w) | (c)

6. ASSIGNMENT INFORMATION

<table>
<thead>
<tr>
<th>DATE</th>
<th>SHIFT</th>
<th>LOCATION</th>
<th>POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Prophylaxis: Yes | No | If yes…..
(suggested for position)

Form of prophylaxis:

Taken as prescribed: Yes | No

8. PPE required for the position: Was PPE used as instructed? Yes | No

9. DESCRIBE THE NATURE & CIRCUMSTANCES OF THE EXPOSURE:

10. Was an incident report completed for the exposure? Yes | No

11. Volunteer Deployment/Out-processing Supervisor Signature:
Instructions for:
VMS P11 - Exposure Form

This form captures the medical information necessary to conduct follow-up if an exposure has occurred while fulfilling public health volunteer duties for Arlington County. ACPH-VMS Volunteer Processing Branch assures completion of this form and transmittal to ACPH-VMS Plans. It is then provided to ICS/IMS for post-incident follow-up as indicated.

- Section 1: Document the name given by ICS/IMS management to the name of the incident.
- Section 2: Document the time and date the ACPH-VMS form is being prepared.
- Section 3: Document the volunteer name.
- Section 4: Document the volunteer ACPH-VMS identification number.
- Section 5: Document the volunteer contact information.
- Section 6: Document all the volunteer assignment information including all dates and shifts of ACPH volunteer activity with associated positions and locations.
- Section 7: Document whether prophylaxis was prescribed for the fulfillment of volunteer duties. Specify the type of prophylaxis and whether it was taken as prescribed.
- Section 8: Document the type of PPE required for the volunteer position. Specify whether the PPE was used as instructed.
- Section 9: Describe the circumstances and the nature of the exposure that occurred requiring the completion of this form.
- Section 10: Document whether an incident report was completed for the exposure.
- Section 11: Insert the signature of the Volunteer Deployment/Out-processing Supervisor.