

**Moravian College Athletic Training  
Bloodborne Pathogens Post-Exposure Plan**

**Post-**

**-Exposure:**

**Cleanse the wound and surrounding area**

**What are the exposed bloodborne individual's responsibilities?**

**Bloodborne Pathogens Exposure Report Form**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Department/Program: \_\_\_\_\_

1.

2.

3.

4.

5.

6.