

INCIDENT NO. BORO BOX NO.  
 1 2 3 4 5 6

FIRE DEPARTMENT • CITY OF NEW YORK  
**MEMBER EXPOSURE REPORT**

REPORT TYPE: 0—Original, 2—Amendment  
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**(A) EXPOSED MEMBER**

Name:  Social Sec. No.  Age  Sex   
 Rank  Assigned Unit  53  
 Date of Appointment:  MONTH  DAY  YEAR  
 Date of Exposure:  MONTH  DAY  YEAR  
 Examining Doctor: \_\_\_\_\_ Address: \_\_\_\_\_  
 Medical Officer Notified: \_\_\_\_\_

**FLU-LIKE SYMPTOMS**

**(C) EXPOSURE TO HAZARDOUS SUBSTANCE**

Exposure Type:  (1) Inhaled (2) Ingested (3) Absorbed (4) At scene, no known contact  
 Substance Form:  (1) Solid (2) Liquid (3) Gas (4) Radiation  
 Substance Identified?  (1) No (2) Yes How Identified: \_\_\_\_\_  
 Name of Substance: \_\_\_\_\_

**(D) EXPOSURE TO COMMUNICABLE DISEASE**

Nature of Exposure:  (1) Rescue Breathing (2) Contact with Body Fluids (secretions/excretions)  
 Victim's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Appx. Height \_\_\_\_\_ Appx. Weight \_\_\_\_\_ Other ID \_\_\_\_\_  
 Disposition:  (1) Recovered at Scene (2) Removed to Hospital (3) Removed to Morgue  
 Hospital/Morgue Name: \_\_\_\_\_ Victim Tracking Tag No. \_\_\_\_\_  
 Did Member have any Cuts or Bruises on Body? \_\_\_\_\_

**(QUESTIONS TO BE COMPLETED BY THE BUREAU OF HEALTH SERVICES)**

Did Victim Have a Communicable Disease? \_\_\_\_\_ Medical Authority: \_\_\_\_\_  
 Nature of Disease/Diagnosis of Victim: \_\_\_\_\_

**(E) PROTECTIVE EQUIPMENT**

Protective Equipment Worn:  (1) Boots (2) Helmet (3) SCBA (4) Turnout Coat (5) Work Gloves  
 (6) Examination Gloves (7) S-Tube (8) Exposure Suit (9) Other, explain \_\_\_\_\_ (0) None Used  
 Was Equipment in Poor Condition or Fail During Use? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
 Suggestions to Prevent Similar Effects: \_\_\_\_\_

**(F) DESCRIPTION OF EXPOSURE AND REMARKS**

Member was on a call at box # \_\_\_\_\_ and was exposed to a person (persons) exhibiting flu-like symptoms. Member is uncertain as to whether the department-provided PPE provided sufficient protection.  
*("The text above is only an example. Individual circumstances should dictate what is written, in addition to the reason why".)*

CD-72 and CD-73 submitted for same incident? Yes  No

F.D. Medical Officer Notified \_\_\_\_\_ Date \_\_\_\_\_  
 Exposed Member's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Company Officer \_\_\_\_\_ Date \_\_\_\_\_  
 Battalion Chief \_\_\_\_\_ Date \_\_\_\_\_  
 Deputy Chief \_\_\_\_\_ Date \_\_\_\_\_

**SAMPLE**