

**King County Fire Protection District #47
EXPOSURE/CONTAMINATION FORM**

Incident #: _____ Time of Call/Exposure: _____ Date of Exposure: _____

Firefighter Name: _____ Birth date: _____

Mailing Address: _____

Social Security #: _____ Phone – WK: _____ HM: _____

Exposure/Contamination occurred at:

____ Aid Call – Location of incident: _____

____ Fire Call – Location of incident: _____

____ Other Call – Location of incident: _____

Full name of substance/disease exposed to: _____

Your activity at time of exposure: _____

Was medical care provided or sought? _____ If yes, explain: _____

Name of Physician: _____ Hospital: _____

Was medication prescribed? _____ If yes, name of medication: _____

Was protective clothing or equipment used? _____ If yes, explain: _____

Was decontamination or clean up performed? _____ If yes, explain: _____
