



Austin/Travis County Health and Human Services Department

Office of the Health Authority
Epidemiology & Disease Surveillance Unit
15 Waller Street, Austin, TX 78702
512 972-5555; fax: 512 972-5772



SWORN AFFIDAVIT REQUESTING TESTING FOLLOWING AN EXPOSURE

PERSON MAKING REQUEST: _____
(Last) (First) (MI)

EMPLOYED BY OR VOLUNTEERS FOR EMERGENCY RESPONSE PROVIDER:

Employer Name: _____

Employer Contact: _____

Employer Address: _____

Employer Phone: _____

FIRST RESPONDER'S INFORMATION:

I, (Name) _____ do attest that in the course of my duties as an employee or volunteer emergency responder, the following circumstances occurred on (month) _____, (day) _____, 20____ at approximately (time) _____ am/pm.

In the space below describe the incident. If body fluids were involved, be specific on type(s) of fluids, the approximate amounts involved in the exposure, and the route of entry.

If airborne transmission is thought to have occurred, state whether the exposure was in a closed space, the approximate duration of exposure, and other circumstances (e.g. CPR) which may have increased the risk of transmission.

If respiratory secretions are thought to have been the mode of transmission, state how secretions were expelled (e.g. cough, sneezing, talking/yelling, drooling), the distance between the potential transmitter and yourself and the duration of exposure. Also, relate other relevant circumstances such as if CPR or intubation was attempted.

Describe the incident in the box below:

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SOURCE INFORMATION (source is the person who was responsible for this exposure)

Name: _____

Last

First

Date of Birth

Address: _____

Present location, if known: _____

Responder's Signature

Name (print or type)

Date

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NOTARIZED:
State of Texas
County of Travis

I, _____, do solemnly affirm that the person listed above did personally appear as stated above, and is known to be the person whose name is subscribed to the foregoing documents and, being by me first duly sworn, declare this statement herein is true and correct. Given under my hand and seal of office this _____ day of _____, _____.

Notary Public Signature