

AFFIDAVIT IN ANY FACT

Please Print Legibly

THE STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, _____ a Notary Public in and for said County,

State of Texas, on this day personally appeared _____

Who, after being by me duly sworn, on oath deposes and says:

My name is _____, _____ and I am employed by _____
(Full Name) (Badge or Emp. #)

_____ as a _____ in the _____
(City and Agency) (Rank or Position) (Division/Section/Watch)

located at _____, Dallas, TX, _____, ph# _____,
(Physical Address of Agency) (Zip Code) (Work Contact Phone Number)

_____, _____
(Home number) (DAYTIME PHONE NUMBER)

On _____, at about _____, I came in contact with _____
(Day and Date of Exposure) (Time)

_____, _____, _____,
(Full Name of Exposure Source) (Race/Sex) (Date of Birth)

_____, _____, _____,
(Home Address of Source) (City) (State) (Zip Code)

_____, at _____, _____,
(Phone Number of Source) (Exposure Location) (City)

_____, _____, _____
(County) (State) (Zip Code)

**In DETAIL, describe the kind of exposure to the Source's Blood/Body Fluid you experienced.
(Examples: needle stick, cut with sharp, Source's blood/body fluid to your open cut or mucus membranes, bite, intubation without mask, Source coughing without mask, etc.)**

The exposure Source is currently located at _____
(Examples: Lew Sterrett, Other Jail Facility, Hospital, Home Address or At Large)

Between 8AM & 4:30PM, M-F, I can be reached at: _____
(DAYTIME PHONE NUMBER)

(PSW's Printed Name) (PSW's Signature)

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____

Notary Public, Dallas County, Texas

FAX COMPLETED & NOTARIZED FORM TO DCHHS 214-819-6095 – TO HAVE SOURCE TESTED

Reviewed 06/05/12