

**ATTACHMENT A  
JEFFERSON COUNTY OCCUPATIONAL EXPOSURE TO  
AN INFECTIOUS REPORTABLE DISEASE AFFIDAVIT**

I, \_\_\_\_\_, do solemnly swear that on \_\_\_\_\_

Printed Name

Date and Time

was possibly exposed to an infectious reportable disease, including HIV infection. The following circumstances occurred:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To qualify for worker's compensation or any other similar benefits for compensation, an employee claiming occupational exposure to an infectious reportable disease, including HIV infection, must:

\_\_\_\_\_ Provide the entity a sworn affidavit of the date and circumstances of the exposure within 72 hours of the incident; and

\_\_\_\_\_ Document that within 10 days after the exposure the employee had a test result that indicated an absence of the infectious reportable disease, including HIV infection.

**STATE OF TEXAS  
COUNTY OF JEFFERSON**

BEFORE ME on this day appeared \_\_\_\_\_ known to me to be the person who signed the foregoing affidavit, who on oath deposes and says that the statements made are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME, this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Person Administering Oath

\_\_\_\_\_  
Title of Authorized Official

**Upon completion, form must be submitted immediate to the County Health Department.**