

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

I, \_\_\_\_\_, do solemnly swear that on \_\_\_\_\_,  
Printed Name Date and Time

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

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Signature Date Phone #

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 \_\_\_\_\_.

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Signature of Person Administering Oath

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Title of Authorized Official

**Upon completion, form must be submitted IMMEDIATELY to the County Health Department at Fax# 409-839-2352 along with Id/contact info of above subject.**