

POLICY A-33, Attachment #1  
**MONTANA STATE UNIVERSITY**  
**COLLEGE OF NURSING**  
**Report of Exposure to Communicable Disease**

Student: \_\_\_\_\_  
Signature Date

Communicable Disease: \_\_\_\_\_

a. Date of Exposure: \_\_\_\_\_ Social \_\_\_\_\_ Clinical \_\_\_\_\_

If clinical: (Give area – do not give contact name on this report)  
\_\_\_\_\_

Reported to Clinical Course Coordinator(s): \_\_\_\_\_  
Date

Reported to Campus Director: \_\_\_\_\_  
Signature of Campus Director Date

b. Report of initial visit with provider or health department, treatment and follow-up plans:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature Date Campus Director Signature Date

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c. Report of compliance with policy and procedure:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature Date Campus Director Signature Date

Original to Associate Dean for Undergraduate Programs for permanent file; copy to be retained by the Campus Director separate from student's academic file.