



CLINICAL/PRACTICUM STUDENT
INCIDENT/ACCIDENT REPORT FORM

Information on Injured Student -----

Name:

Last

First

Middle

Student ID

Cell/Daytime Phone

Home Address:

(city/state/zip)

Information on Clinical/Practicum Faculty Member -----

Name:

Title

Cell/Daytime Phone

Program

Description of Accident -----

Date of Incident/Accident

Exact Location of Accident (Name of business, full address, department involved)

Describe Equipment Being Used

First Aid Administered?

☐

Yes

☐

No

Doctor Seen?

☐

Yes No

☐

Witnesses (include names, affiliation, and phone numbers if available):

Student's Description of Accident

Student's Signature

Date

Faculty Member's Description of Accident:

Faculty Member's Signature

Date

Program Director's Signature

Date