Clinical Incident Report
Form 4.3

1. Name of Faculty or Student:______________________________________________

2. Location of Incident:____________________________________________________

3. Date of Incident:_________________ Day: __________ Time:_____________

4. Name of Supervisor:____________________________________________________

5. If the incident involved physical injury:
   a. Description of injury (give only factual information):

   ________________________________
   ______________________________________________________________________
   ________________________________

   b. Description of situation resulting in incident:

   ________________________________
   ______________________________________________________________________
   ________________________________

   c. Names of any witnesses to medical care provided at time of injury:

   ________________________________

6. Description of action taken at time of incident, including name of person who provided initial health care:

   ________________________________
   ______________________________________________________________________
   ________________________________

7. Names of any witnesses to the incident:

   ________________________________

8. Person receiving report of non-injury:______________________________________

   ________________________________

Signature of Supervisor and/or Faculty Member               Date