

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