

Form D - Student Injury Report Form

(This form is not applicable for needle stick or body fluids exposures.)

In the event of an accident/injury occurring on campus or at a clinical rotation site, the following form needs to be completed and submitted to the MSPAS Program (fax: 563-589-3650) within 24 hours of the incident. Please notify the Program Director and/or Clinical Education Director (*clinical phase students*) as soon as possible following the incident.

Student name_____

Date of injury_____

Where injury occurred_____

Time of injury_____

Please describe in full detail how the accident occurred (use additional sheet if needed)

Did you receive medical evaluation and/or treatment? Yes No

Was the Program notified? Yes No

By email, phone call, other? (circle one)

Date and time MSPAS Program was notified: _____

Did you miss time from class/clinical rotation? Yes No

If yes, how many days? _____

NOTE: If your absence from a clinical rotation will exceed 2 days, you will need a note from the medical provider who examined you in a clinic or hospital and the date you can resume clinical activities. You may not return to clinical rotations until this note has been processed by the MSPAS program.

Student Signature

Date