

ACCIDENT REPORT FORM FOR STUDENTS

COLLEGE OF VETERINARY MEDICINE, NURSING AND ALLIED HEALTH
TUSKEGEE UNIVERSITY

NOTE: This **ACCIDENT REPORT FORM** should be completed by the instructor-in-charge or supervisor for any student injured in the classroom, laboratory, or clinics, etc., and forwarded to the Office of the Dean. The injured student should be advised that medical aid is available at the Student Unit, John Andrew Community Hospital.

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NAME OF STUDENT: _____ CLASSIFICATION _____

LOCAL TELEPHONE NO. _____

LOCAL HOME ADDRESS: _____

DATE AND TIME OF ACCIDENT: _____

SITE WHERE ACCIDENT OCCURRED: _____

DESCRIBE THE NATURE/EXTENT OF INJURY: _____

DESCRIBE HOW THE ACCIDENT OCCURRED AND WHAT THE STUDENT WAS DOING WHEN INJURED: _____

WAS THE INJURED STUDENT ADVISED TO SEEK MEDICAL AID: _____

WHAT STEPS SHOULD BE TAKEN TO MINIMIZE THE CHANCES OF A SIMILAR ACCIDENT OCCURRING IN THE FUTURE: _____

INSTRUCTOR/SUPERVISOR DATE DEPARTMENT