

STUDENT/VISITOR ACCIDENT / EXPOSURE REPORT

Please complete this form accurately and **completely**. If you need more space, attach an additional sheet, clearly noting the item(s) you are continuing.

Injured Name: F: _____ MI: _____ L: _____
Home Address (street & apt): _____
Home Address (city, state, zip): _____
Home Telephone No: _____ Work Tel. No: _____
Date of birth: _____ Gender: _____
Date incident occurred: _____ Time occurred: _____
Person in charge when incident occurred: _____

Building and location of incident: _____

1. Describe in full how the incident happened: _____

2. Describe the injury and the parts of the body affected: _____

3. Select either injury or an illness (choose only one): Injury: Skin Disorder: Respiratory Condition: Poisoning: Other Illness:

4. Did an object or substance cause injury? Yes No If yes, describe object/substance: _____
If object, did it penetrate the body? Yes No _____
If yes, was it removed from the body? Yes No If yes, who has the object? _____

5. Classify incident (choose only one): Slip, trip or fall: Assault, fight, or violent act: Hazardous/harmful substance:
Transportation accident: Collision with object: Human, animal, or insect bite:
Overexertion: Collision with human: Other:

IN ADDITION, FILL OUT THIS SECTION IF THE INCIDENT INVOLVED AN EXPOSURE TO SOMEBODY ELSE'S BLOOD OR BODY FLUIDS
To what body fluid was employee exposed? _____ Due to a bite? Yes No
What part(s) of the body became exposed? _____ For how long? _____
Name of source individual(s): _____
Name of guardian of source individual(s): _____

Was first aid given? Yes No If yes, describe first aid given: _____
By whom: _____ Title: _____

Did student/visitor seek medical attention? Yes No If yes, date of medical attention: _____ Admitted to hospital? Yes No
Treated in emergency room? Yes No

If yes, doctor/clinic/hospital giving treatment: _____
If student, was parent/guardian notified? Yes No Who/When: _____

Current on Hepatitis B immunization? Yes No Current on Tetanus immunization? Yes No

Witnesses to the incident: 1 _____ 3 _____
2 _____ 4 _____

Signature (if adult): _____ Date Signed: _____

Completed by: _____ Title: _____ Date Completed: _____

Principal Signature: _____ Date Signed: _____

Remarks: Please use back of this form
Route: Business Office