



## **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)

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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