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| INFORMATION ON CUSOM STUDENT INJURED/EXPOSED | | |
| Full Name: | | |
| Home Address: | | |
| Class of: | DOB: | Phone Number: |
| Location/Site of Injury/Exposure: | | |
| INJURY/EXPOSURE | | |
| Date of Incident: | Time: | Police Notified: |
| Location of Incident: | | |
| Type of Injury/Exposure:  \_\_\_\_\_\_ Needle Stick \_\_\_\_\_\_ Lancet \_\_\_\_\_\_ Glass  \_\_\_\_\_\_ Blood/Bodily Fluid \_\_\_\_\_\_ Other | | |
| Description of the Incident (What led to the incident? What occurred? What body part was injured? *Use the back of this form to include any additional information*): | | |
| Were there witnesses to the incident? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No  Were any witnesses injured? If so, describe the injury.  If a needle/sharp was involved, was the patient/source tested following the incident?  \_\_\_\_\_ Yes \_\_\_\_\_ No  If so, what were the results? | | |
| Was medical treatment provided to the student? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_\_\_\_Refused  If yes, where was treatment provided? \_\_\_\_\_ On-Site \_\_\_\_\_Urgent Care \_\_\_\_\_\_ER \_\_\_\_\_\_\_Other | | |

**INCIDENT REPORT FORM**

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| Was a prophylactic offered to the student? \_\_\_\_\_\_ Yes \_\_\_\_\_No  Did the student accept the prophylactic? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No |
| Name of Medical Provider/Site where student was evaluated: |

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| REPORTER INFORMATION |
| Individual Submitting Report (Print Name) |
| Signature |
| Date Report Completed |

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| TO BE COMPLETED BY CUSOM OFFICE OF CLINICAL AFFAIRS | | |
| Form received by (Print Name):  Signature: | | |
| Date form received: | | |
| Date information sent to CU Student Health: | | |
| Date | **Action Taken** | **By Whom** |
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***Instructions: This form is to be used to report to the CUSOM Office of Clinical Affairs any needle stick/sharps injury/body fluid exposure or other injuries experienced during medical student clinical experiences. Complete this form and return it to the CUSOM Office of Clinical Affairs within 24 hours of the injury or exposure.***