

Pittsburg State University
College of Technology
Student Incident Report

An injury is defined as any harm or damage inflicted to an individual's body, physical or chemical, which may require a medical evaluation (i.e., chemical exposure, burn, laceration, accidental fall, physical blow from an object, or presence of a foreign body, such as wood, metal, or glass fragments).

Name: _____ ID: _____

Instructor's Name: _____

Course Number and Name: _____

Date of Incident: _____ Time of Incident: _____ a.m. / p.m.

Place of Incident: _____

Describe how the incident occurred and what you were doing: _____

Describe your injury: _____

List name(s) of witnesses: _____

Did you receive medical care? ☐ Yes ☐ No If yes, where?

☐ Student Health Center

☐ Hospital

☐ Family physician

Name and address of attending physician: _____

Have you returned to class? ☐ Yes ☐ No Date returned to class: _____

Student's Signature

Date

Instructor's Signature

Date

Note to student: Complete this incident report and give to your instructor within 10 days of the incident. Complete this form even if you do not receive medical care or miss class.

Note to instructors: Give a copy of this report to your department chairperson and the Dean. Keep the original in your files. If the student is seeking medical attention following a chemical exposure, be sure to send the MSDS sheet to the Student Health Center with the student.