

Incident and Adverse Event Report

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Confidential Report - Not Part of a Medical Record
MAKE NO COPIES

Date of Incident: [Click here to enter a date.](#) Time of Incident:
Location of Incident: Police Notified: ☐ Yes ☐ No
Incident Type: ☐ Fall ☐ Medication ☐ Treatment ☐ Procedure ☐ Loss of
☐ Allergic Reaction ☐ Vaccine Event ☐ Near Miss ☐ Other ☐ Consciousness

Details of Person Involved in the Incident

Person's Full Name:
Date of Birth:
Home Phone:
Cell Phone:
Address:
Student ID:
Witness to Incident:

Details of Incident

(Describe what happened and how it happened, using facts not opinions. Be as specific as possible.)

Was individual injured? If so, describe the injury:

First Aid Administered:

Was Medical Treatment provided? ☐ Yes ☐ No ☐ Refused
Further Evaluation Recommended: ☐ ER ☐ Walk-In Clinic ☐ Other

Cause

- 1) Could this incident be prevented?
- 2) What can be done to decrease the likelihood of this happening again?
- 3) What follow-up is required?

Student Health Risk Management Recommendations:

Completed by (Print):

Signature: _____

Date Report Completed:

UTSHC Safety Officer Signature

Record of UTSHC Safety Committee subject to T.C.A. §63-623(c).
Do not release to any person without consent of UTSHC attorney.
Send to Director of Risk Management for consultation with UTSHC attorney.
Due to potential litigation.