



Truckee Meadows Community College

Maxine S. Jacobs Nursing Program

NOTICE OF INJURY

Student's Report	
Name	Department
Date of Accident (mm/dd/yyyy)	Time of Accident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Instructor	
Date Reported to Instructor (mm/dd/yyyy)	Time Reported to Instructor <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Description of How and Where The Accident Happened	
Type of Injury	
Accident Witnessed by	
Note: Emergency first aid treatment may be given by the clinical faculty; however, neither the affiliated clinical agencies nor the College assumes the cost of the treatment and students should report to their own physician for care as needed.	
Student's Signature	Date
Instructor's Report	
What Caused the Accident	
What Needs to be Done to Prevent this from Happening Again	
Instructor's Signature	Date