



Truckee Meadows Community College

Maxine S. Jacobs Nursing Program

STUDENT ACCIDENT REPORT

Note: The student is responsible for his/her own medical cost.

GENERAL INFORMATION

Student's Full Name		Telephone Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address			City	State	Zip Code
Describe Any Physical Handicaps					
Exact Location of Accident					
Date of the Accident (<i>mm/dd/yyyy</i>)		Time of the Accident		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Program					
Type of Accident (<i>fall, burn, cut, etc.</i>)					
Part of Body Affected					
Cause of Accident (<i>hazard</i>)					
Describe Accident Briefly					
What immediate medical attention did student receive? <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Hospital <input type="checkbox"/> Own Doctor					
Did Student Report at once? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "No" Explain:					
Instructor & Director notified (<i>within 24 hours</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Date (<i>mm/dd/yyyy</i>):			
Witness to Accident (<i>name</i>)					

INSTRUCTOR REPORT

Scene of Accident <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments	
Action Taken	
Signature	Date