



College of Medicine

UNIVERSITY OF CENTRAL FLORIDA

Student Incident Report Form

Send completed forms to the Office of Student Affairs via fax (407-266-1389) or email at medstudentaffairs@ucf.edu.

Report any exposure to potentially infectious diseases and environmental hazards to your clinical instructor, immediate supervisor, or appropriate personnel. Report within 1-2 hours of exposure to the appropriate individual or office, based on clinical settings. This form must be completed and forwarded to the Office of Student Affairs (fax (407) 266-1389 or medstudentaffairs@ucf.edu).

Today's Date _____

Student Information:

First Name _____

Last Name _____

Student ID _____

Contact phone number _____

Email Address _____

Incident Information:

Date of Incident _____

Time of Incident _____

Location of incident _____

Type of Exposure:

Aerosol Exposure

Skin/Eye Splash

Abrasion

Needle Puncture

Laceration

Other

Please provide a description of the exposure:

What personal protective equipment was being used at the time of the incident/exposure?

Gloves

Mask/Respirator

Eye Protection

Face Shield

Protective Clothing

Other

None

Who did you reported this incident to:

Name

Their title/affiliation

Phone number (if known)

Name

Their title/affiliation

Phone number (if known)

Provide information on the instructions you were given or where you reported the incident:

Signature: