

UTHSCSA STUDENT NEEDLESTICK INCIDENT REPORT

NAME _____

HOME ADDRESS & PHONE # _____

STUDENT ID# _____ **GENDER** _____ **M** _____ **F**

SCHOOL & STANDING _____

DATE AND TIME OF INCIDENT _____

PLACE OF INCIDENT _____

WITNESSES (Instructor, Supervising Resident, etc.) _____

WHAT HAPPENED?

WHAT DID YOU DO (where, when, and how the injury was treated)?

Student _____ **Date** _____

> Below this line to be completed by physician at time of Initial Consult. <

RECOMMENDATIONS FOR CORRECTIVE ACTION:

Consulting Physician _____ **Date** _____