

Jefferson Community College
Clinical Incident/ Accident Report

Date: _____ Semester: _____

Student Name: _____

Clinical Affiliate: _____

Clinical Instructor: _____

Clinical Preceptor: _____

Please check one (or more) of the following:

_____ Incident/ accident to student

_____ Incident/ accident to patient

_____ Incident/ accident to hospital personal

_____ Incident/ accident to hospital visitor

Please give a brief explanation of the accident or accident, and all involved parties:

Student immunizations up to date. (yes) _____ (no) _____

Date of recent PPD. _____ result _____

Date of recent Tetanus. _____ (Tx immunizations are good for 10 years)

HBV vaccinations complete. (yes) _____ (no) _____

If no, date of last injection _____

If no, wavier signed and documented in student file _____
