



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

Student Incident Report Form

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 Number:	
Email Address:	
Incident Information:	
Date of Incident:	Time of Incident:
Location:	
Type of Exposure:	
<input type="checkbox"/> Aerosol Exposure	
<input type="checkbox"/> Skin/Eye Splash	
<input type="checkbox"/> Abrasion	
<input type="checkbox"/> Needle Puncture	
<input type="checkbox"/> Laceration	
<input type="checkbox"/> Other:	
Please provide a description of the exposure:	
What personal protective equipment was being used at the time of the incident/exposure?	
<input type="checkbox"/> Gloves	
<input type="checkbox"/> Mask/Respirator	
<input type="checkbox"/> Eye Protection	

Face Shield

Protective Clothing

Other

None

Who did you report this incident to?

Name:

Title/Affiliation:

Phone Number (if known):

Name:

Title/Affiliation:

Phone Number (if known):

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

Signature: