**Weber State University**

**Dr. Ezekiel R. Dumke College of Health Professions**

**School of Nursing**

**Student Event Documentation**

Use this form to document any accident or injury involving the student that is NOT a bloodborne pathogen exposure incident.

For bloodborne pathogen exposures use the following forms:

*Incident Information Form for an Occupational Bloodborne Pathogen Exposure* AND *Supervisor’s Report of Accident* (in red folder or available from weber.edu/EHS/postexposure.html)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: | | W#: | | | | | |
| Campus: | Program (circle one): | | | ADN 1st | ADN 2nd | BSN | MSN |
| Course Number: | | | Date and Time of Incident: | | | | |
| Clinical Facility: | | | Date of Report: | | | | |
| Description of Event: | | | | | | | |
| Description of any action taken to rectify the event: | | | | | | | |
| Describe action taken to prevent recurrence: | | | | | | | |
| Student Signature: | | | | | | | |
| Faculty Signature: | | | | | | | |