

University of Alabama in Huntsville College of Nursing
Incident Report Form

Name: _____ Student A #: _____

Address: _____ Phone #: _____

Date of Incident _____ Time: _____

Course _____ Location of Incident _____ (Agency and Unit)

Clinical Faculty _____

Type of Incident:

- _____ Needle stick, source unknown
- _____ Needle stick, client positive for HBV or HIV
- _____ Needle stick, source known
- _____ Other (medication error, falls, etc.)

Detailed description of the Incident:

Action taken (Faculty: check as applicable and as recommended by agency. Attach pertinent documents to this form)

Incident report completed	_____
Charge nurse notified	_____
Blood drawn on client	_____
Blood drawn on student	_____
Emergency room visit	_____
Private medical doctor seen	_____
Initial treatment taken:	_____

Faculty notes: _____

Follow-up care recommended/required: Yes _____ No _____

I acknowledge that I am required to complete the recommendations/requirements of the clinical agency listed above. I also acknowledge that I am responsible for any costs incurred. I agree to provide any and all documentation to verify compliance with the Incident Policy.

Student Signature Date Faculty Signature Date