



# INCIDENT REPORT

<b>Date of Incident</b>	<b>Course #</b>	<b>Name of Student</b> (type or print clearly)
<b>Location</b>	<b>Name of Instructor</b> [not preceptor] (type or print clearly)	
<b>Description of incident, including date and time</b> (to be completed by student)		
<b>Description of injuries</b> (to be completed by student)		
<b>Brief summary of follow up care provided by facility, HCP, UWHC, or UHS</b> (to be completed by student if applicable)		
<b>Please use this space for additional details to expand/clarify the above information</b> (to be completed by instructor only)		
<b>Student's Signature</b>		<b>Instructor's Signature</b>

**Please comply with all additional procedures for handling clinical related injuries to nursing students. For additional information refer to the SoN Policy & Procedure available on StudentNet:**  
<https://students.nursing.wisc.edu/policies-forms/incidents-injuries/>

**REMINDER: INJURIES INVOLVING BLOOD/BODY FLUIDS NEED TO BE REPORTED IMMEDIATELY**

Submit completed report to: Academic Affairs & Student Services, Suite 1100  
701 Highland Ave, Madison, WI 53705  
Front Desk: 608-263-5202  
**OR** via email: [clinicalsnursing@nursing.wisc.edu](mailto:clinicalsnursing@nursing.wisc.edu)