

**WIDENER UNIVERSITY SCHOOL OF NURSING
STUDENT INCIDENT REPORT**

A Student Incident Report is filed when any unusual event (such as needle sticks, falls, being struck by a patient...) occurs which may cause injury to a student in the clinical setting.

The form should be completed as soon as the faculty member has knowledge of such an event.

***Fax form to the Director of the Pre licensure Program at 610-499-4216
Also fax to Student Health at 610-499-1181***

NAME OF STUDENT: _____ STUDENT ID# _____

EMAIL ADDRESS: _____ PHONE #: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

NAME OF THE AGENCY: _____

EXACT LOCATION OF THE INCIDENT IN THE AGENCY: _____

DESCRIPTION OF INCIDENT BY THE FACULTY:

NAMES AND TITLES, IF APPROPRIATE, OF ALL INDIVIDUALS INVOLVED IN INCIDENT:
(i.e. Nurse Manager, Patient, Physician....)

DESCRIBE TREATMENT RECEIVED:

TREATMENT RECEIVED: _____

DATE OF TREATMENT: _____

TREATED AT: _____

BY WHOM: _____

IF NOT TREATED, WHY NOT? _____

Signature of Faculty Completing Form

Date

Agency Representative Signature
(Individual to whom incident was reported)

Date

Signature of Director

Date