



# MUSC College of Nursing

99 Jonathan Lucas Street MSC 160  
Charleston, SC 29425

## Incident Report PART 1: Instructor Statement

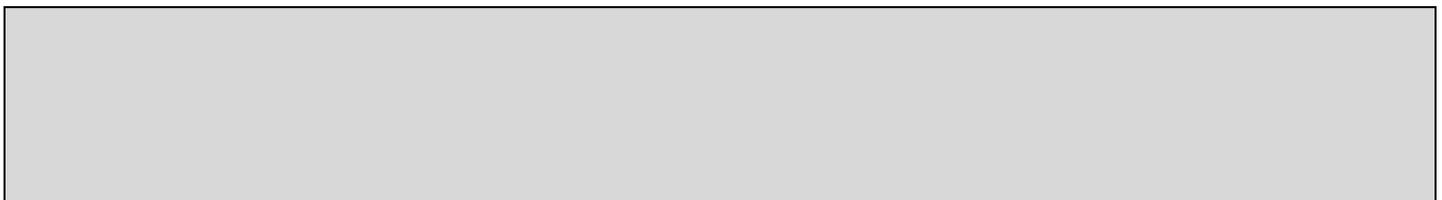
STUDENT NAME:	
DATE & TIME OF INCIDENT/INJURY:	
LOCATION WHERE INCIDENT OCCURRED:	
COURSE TITLE AND INSTRUCTOR NAME:	
DESCRIPTION OF INCIDENT:	
Student has declined medical treatment for the above injury/incident: _____ (instructor's initials)	

Completed and signed by:

Date:

### INSTRUCTOR'S RESPONSIBILITY:

1. For SERIOUS OR EMERGENCY injuries/incidents in the classroom, skills lab or clinical setting send student to Hospital ER or CALL 911.
2. For ALL injuries/incidents:
  - Immediately notify the Program Director.
  - Complete Part 1, Instructor Statement, of the Incident Report. Give Part 2, Student Statement, to the student to complete and return to you, even if treatment is declined.
  - Submit Part 1 and Part 2 to Gena Ryan, Compliance Officer by email to ryange@musc.edu or deliver to Office 300-A. The student is required to go to Student Health Services at 30-A Bee Street, Charleston, SC 29425 within 24 hours of the incident or on the College's next regularly scheduled workday.





# MUSC College of Nursing

Office of Student Services  
 99 Jonathan Lucas Street, MSC 160  
 Charleston, SC 29425  
 843-792-3815

## Incident Report

### PART 2: Student Statement

STUDENT NAME:		
STUDENT MAILING ADDRESS:		
STUDENT PHONE NUMBERS (CELL & HOME):		
DATE & TIME OF INCIDENT/INJURY:		
LOCATION WHERE INCIDENT OCCURRED:		
COURSE TITLE:		
INSTRUCTOR NAME:		
DESCRIPTION OF INCIDENT:		
<input type="checkbox"/> I decline medical treatment for the above injury/incident: _____ (student's initials)		
If declining medical treatment, state reason:		
Completed & signed by:	Date:	
STUDENT'S RESPONSIBILITY:	For Office Use Only	
<ol style="list-style-type: none"> <li>For ALL injuries/ incidents: IMMEDIATELY report injury/incident to Instructor.</li> <li>Complete Part 2, Student Statement, of the Incident Report and submit it to your Instructor. Instructor will submit this form to the <b>Office of Student Services</b>.</li> <li>Go to Student Health Services at 30-A Bee Street, Charleston, SC 29425 within 24 hours of the incident or on the College's next regularly scheduled workday.</li> </ol>	Program:	
	Start Date:	
	Treatment Received?	Follow-up Required?
	Yes No	Yes No