



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.**

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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	
1. For ALL injuries/ incidents: IMMEDIATELY report injury/incident to Instructor. 2. Complete Part 2, Student Statement, of the Incident Report and submit it to your Instructor. Instructor will submit this form to the Office of Student Services . 3. 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.		Program:	
		Start Date:	
		Treatment Received?	Follow-up Required?
		Yes No	Yes No