



DVM Student Accident Report Form

Students have responsibility for payment of medical expenses resulting from injury or illness. See CVM Handbook reference: *In the unlikely event that a student in the College of Veterinary Medicine is injured while performing his/her duties and requires medical treatment, the student must have his/her own health/accident insurance. The College of Veterinary Medicine provides no medical or accidental insurance for students.*

INFORMATION ABOUT STUDENT INVOLVED IN ACCIDENT	
NAME:	
CLASS:	PHONE NUMBER:

INFORMATION ABOUT THE ACCIDENT	
DATE:	TIME and LOCATION OF INCIDENT:
DESCRIPTION OF THE ACCIDENT (how did the accident occur, what was the student doing, etc.) BE AS SPECIFIC AS POSSIBLE	
DESCRIBE IN DETAIL THE NATURE & EXTENT OF INJURY:	
WAS MEDICAL TREATMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINED IF YES, WHERE WAS TREATMENT PROVIDED? <input type="checkbox"/> ON SITE <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> URGENT CARE <input type="checkbox"/> OTHER _____	

SIGNATURES:	
STUDENT SIGNATURE	DATE:
WITNESS SIGNATURE	DATE:
DEPARTMENT HEAD/ADMINISTRATOR SIGNATURE	DATE:

*Student must sign, date and return to the department overseeing the course/activity where injury occurred.

Please report injuries within 3 days of accident.

For Department Office Use Only:
Please distribute copies to: <input type="checkbox"/> Dept./Unit <input type="checkbox"/> Student <input type="checkbox"/> ADAPSA <input type="checkbox"/> CVM Human Resources