TUSKEGEE UNIVERSITY COLLEGE OF VETERINARY MEDICINE

STUDENT ACCIDENT REPORT FORM

NOTE: This Accident Report is to be used for the supervisor or student to document all school related injuries and forwarded to the health center for the individual medical file. Student Services, Keith Hall, Booker T. Washington Room H.

Name of Student _____ Classification _____

Contact Number ___M___

Local Address _____

_____

_____

Date and Time of accident _____ Site where accident occurred

Describe nature of injury

_____

_____

Describe how the accident occurred and what the student was doing when injured

_____

Was a clinical accident injury culture

_____

_____

_____ _____ _____
Instructor   Supervisor Signature   Department