

**UTHSCSA STUDENT NEEDLESTICK INCIDENT REPORT**

**NAME** \_\_\_\_\_

**HOME ADDRESS & PHONE #** \_\_\_\_\_

**STUDENT ID#** \_\_\_\_\_ **GENDER** \_\_\_\_\_ **M** \_\_\_\_\_ **F**

**SCHOOL & STANDING** \_\_\_\_\_

**DATE AND TIME OF INCIDENT** \_\_\_\_\_

**PLACE OF INCIDENT** \_\_\_\_\_

**WITNESSES (Instructor, Supervising Resident, etc.)** \_\_\_\_\_

**WHAT HAPPENED?**

**WHAT DID YOU DO (where, when, and how the injury was treated)?**

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

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*> Below this line to be completed by physician at time of Initial Consult. <*

**RECOMMENDATIONS FOR CORRECTIVE ACTION:**

**Consulting Physician** \_\_\_\_\_ **Date** \_\_\_\_\_