Northwest UNIVERSITY | School of PA Medicine

Please submit this completed form, along with all supporting documentation, directly to the Didactic Education Manager/Clinical Education Manager.

Student Information

Full Name: _____ Student ID #:_____

Expected Graduation Year: _____ Date: _____

Incident Information

Date of Incident: _____ Time of Incident: _____

Class/Rotation/Activity Where Incident Occurred: _____

Building/Facility Where Incident Occurred: _____

Street Address: _____ City: _____

State:_____ Zip Code:_____ Phone:_____

Nature of Incident: *(e.g., needlestick, laceration, exposure, contusion)*

Were you possibly exposed to Bloodborne Pathogens? ☐ Yes ☐ No

Description of Incident: *(what happened?)*

Medical Treatment

Describe actions taken immediately following the incident:

Was medical treatment pursued by the student? ☐ Yes ☐ No

If yes, date of treatment: _____ Name of Treatment Facility:_____

Address of Treatment Facility:_____

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Notifications

Who was notified about the incident:_____

Date Notified:_____ Time Notified:_____

Corrective Action Recommendations

Please identify any corrective actions that should be pursued to avoid recurrence:

PA Student Printed Name:_____

PA Student Signature: _____ Date: _____

Program Faculty Printed Name:_____

Program Faculty Signature: _____ Date: _____

For Program Use Only
Date form was received by the PA Program Office:
Received by:
Additional Follow-Up: