

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

EMPLOYEE/STUDENT/VISITOR INJURY AND INCIDENT REPORT

SECTION A (Completed by Employee/Student and Supervisor/Instructor)

Employee Student Visitor

Name _____ SSN _____ DOB _____ Race _____ Sex _____
 Medical Records # _____ Address _____
 Dept. or School _____ Job Title _____
 Date of Accident/Injury _____ Time of Accident/Injury _____ Location - Building _____ Floor _____ Room No _____

Accident Type: Fall from Elevation Fall on same level Struck against Struck by
 Caught In, Under or Between Rubbed or Abraded Bodily Reaction Overexertion Motor Vehicle Accident
 Contact with temperature extremes Contact with electrical current Contact with radiations, caustics, toxic and noxious substances
 Other: _____

Name of Object or Substance which directly injured employee/student: _____

1. If needle stick or sharps injury, had the instrument involved been used on a patient? Yes No (If YES, complete SECTION C)
 2. If injury involves mucous membrane exposure to blood or body fluids or skin exposure to large amount of blood or prolonged contact with blood, complete SECTION C.
 Blood/Body Fluid Exposure Involved (indicate one at right): Skin Exposure Mucous Membrane Exposure
 Needle stick or sharps injury

Description of Accident/Injury/Exposure

	Employee/Student	Witness	Supervisor/Instructor
Signature	_____	_____	_____
Date	_____	_____	_____
Ext. #	_____	_____	_____

SECTION B (To be completed by Student/Employee Health Physician or E.R. Physician)(Indicate one primary (1^o) and any secondary (2^o) injuries)

Nature of Injury: No Injury Abrasion Amputation Burn - Chemical Burn - Heat
 Concussion Contusion / Bruise Crushing Injury Exposure Faint
 Fracture Laceration / Cut Object In Eye Puncture Strain / Sprain

Occupational Illness: Occupational skin disease or disorder Dust disease of the lungs (pneumoconiosis)
 Respiratory condition due to toxic agents Poisoning (systemic effects of toxic materials) Disorder due to physical agents (other than toxic materials)
 Disorder due to repeated trauma Mental Disorders Neoplasm Tumor
 All other occupational illnesses

Extent of Injury: Fatality Lost Workday Case Nonfatal case without lost workdays

Part(s) of Body: Eyes Head, Neck (not eyes) Back Trunk (except back or internal) Arm
 Hand and Wrist Fingers Leg Feet and ankles Toes
 Internal and other Multiple body parts Other: _____

Medical Findings and Comments _____

Return to work on _____ (Date)

Referral _____

Treatment Location SEHS E.R.

Physician Signature _____ Date _____

SECTION C (Completed by Physician or Nurse Attending the Source Patient - See Hospital Policy P-5)

For a needle stick / sharps injury or body fluid exposures

If source patient is known, list source patient's

Name _____ Unit Phone # _____

Physician _____ Physician's Beeper # _____

Record risk factors for HIV or Hepatitis B or C infection (i.e. IV drug abuse, recent incarceration, blood transfusion, previous history of positive serology for HIV or Hepatitis B or C, hemodialysis) **in patient medical record**, not on this form. SEHS nurse will contact physician or nurse for this data.

	Date Drawn	Refused Testing
Obtain source Pt. Lab	Hepatitis Panel _____	_____
	HIV _____	_____

Nurse/Physician Signature _____

COPIES TO: 1. SEHS Medical Record (Slot 530) 2. Occupational Health and Safety (Slot 617) 3. Human Resources (Slot 564) 4. Supervisor