



Incident Report Form

Student Name:	Student No.:
Programm: <u>Full-time</u> : Bachelor of Nursing with Honours in <input type="checkbox"/> General Health Care <input type="checkbox"/> Mental Health Care Higher Diploma in Nursing Studies <input type="checkbox"/> General Health Care <input type="checkbox"/> Mental Health Care <u>Distance Learning</u> : Higher Diploma in <input type="checkbox"/> Nursing <input type="checkbox"/> Mental Health Nursing	
Practicum: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V (For Full-time Programme Students Only)	
Course Code: NURS N_____	
Hospital:	Ward/Unit: Specialty:

Details of Incident:

Date of incident: _____ Time of incident: _____
 Client involved in the incident: Yes No
 Age of the client: _____ Gender of the client: _____
 Diagnosis of the client : _____

Description of the incident: (in details)

Action taken during the incident:

Action taken after the incident:

Description of injury sustained (applicable to student):

Medical consultation (applicable to student):

No

Yes Date: _____ Hospital/clinic: _____

Diagnosis:

Treatment:

Days of sick leave granted:

Field Coordinator informed:

Date: _____ Time: _____

Signature of student: _____

Name of student: _____

Date: _____

Send the completed "Incident Report" form to the course coordinator **within 48 hours** of the incident.