

## **UW NURSING STUDENT CLINICAL INCIDENT/INJURY FORM**

NOTE: This form is to be used by UW nursing students only. UW employees should use Form UoW 1428. UWMC & HMC employees should use Form UH 0266.

DATE OF INCIDENT:	TIME OF INCIDENT:
CLINICAL AGENCY WHERE INCIDENT OCCUR	RED:
STUDENT FIRST NAME, LAST NAME:	
INSTRUCTOR FIRST NAME, LAST NAME:	
STUDENT CONTACT INFORMATION	ADDRESS:
CITY, STATE, ZIP:	PHONE:
DESCRIBE WHAT HAPPENED AND NATURE OF ANY INJURY:	
Date Reported:	
	ices, Box 357260. Send the original to Environmental Center, Box 354400, Seattle, WA, 98195