Texas A&M HSC College of Medicine
Student Accident and Needlestick Injury Report Form

Name: ___________________________ Student ID # ____________

Last           First          MI

Home Phone: (___) _____________ Cell Phone: (___) ____________

Faculty Supervisor: ___________________ Phone: (___) ___________ Ext. ______

Campus Location: □ Bryan-College Station □ Temple □ Round Rock □ Dallas □ Houston
Current Rotation: □ IMed □ FMed □ Pedi □ Ob-Gyn □ Psych □ Surgery □ EM □ Other ______

Injury Date: _______________ Time of Injury: __________

What facility/hospital/clinic and room? ________________

Body part affected

- Head
- Eye
- Face
- Neck
- Chest/Lungs
- Abdomen
- Back (upper)
- Back (lower)

Body part: □ Shoulder □ Arm □ Hand □ Finger □ Leg □ Knee □ Ankle □ Foot/ toe

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Type of injury:
- Aerosol exposure
- Skin / eye splash
- Abrasion
- Needle puncture
- Laceration
- Other ________________________________

Provide brief description of reported injury / exposure:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What personal protective equipment was used at the time of the injury/exposure incident?
- gloves: □ latex □ other: ________________ □ eye protection □ face shield
- type of mask/respirator: ________________ □ type of protective clothing: ____________________

List any item or equipment involved in accident?

Did any equipment malfunction at the time of the injury/exposure? □ No □ Yes □ NA

List the facility where initial evaluation/ treatment was given: ____________________________

Did the facility wave the cost of initial evaluation/ treatment? □ yes □ no

Did the facility accept the student’s insurance? □ yes □ no

Date information entered on this form: ______________

Mail or fax this form to your campus student services coordinator and Office of Student Affairs.