

INCIDENT REPORT
NMC Student Health Office
720 N. 87th Street, Omaha, NE 68114
Phone (402) 354-7210 FAX (402) 354-7265

TO BE COMPLETED BY:
STUDENT AND INSTRUCTOR, PRECEPTOR, or STUDENT HEALTH NURSE

Name		Student ID#	Age	Date of Birth
Home Address			Home and Cell Phone	
Program of study		Witness to incident		
Circle One: Male Female	Date of Incident	Time of Incident	Location of Incident	
<input type="checkbox"/> Injury/Incident Describe how the accident or injury occurred in detail (job task performing, what was involved that led to incident and part of the body affected). Please be specific.				
What action could have been taken to prevent this incident or its recurrence:				

Program Director Name _____ Notified? YES NO Date Notified _____

Instructor/Preceptor/Student Health Nurse Signature _____ Phone # _____

Student Signature _____ Date _____