



The Office of People, Culture, and Talent  
Risk Management Department

STUDENT WORKER/ STUDENT IN CLINICAL ROTATION  
STATEMENT OF ACCIDENT

Instructions: Fill out completely and submit this form to the Risk Management Department (ext. 6428).

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
(month/day/year)

Please check and fill in applicable designation below:

Student Worker in Department: \_\_\_\_\_

Student Clinical Rotation CRN: \_\_\_\_\_ Class: \_\_\_\_\_ Instructor: \_\_\_\_\_

Location where accident occurred (campus location or medical facility name & address; include room number or other description): \_\_\_\_\_  
\_\_\_\_\_

Witness(es) to the accident: \_\_\_\_\_

Description of how the accident occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part of body affected (i.e back, left wrist, right eye, etc.)?: \_\_\_\_\_

Time you began work/clinical rotation on the day of the incident: \_\_\_\_\_  a.m.  p.m.

What is your regular schedule for work/class?  M  T  W  TH  F Hours per day: \_\_\_\_\_

About how many hours per week: \_\_\_\_\_ Your immediate supervisor: \_\_\_\_\_

How could the accident have been prevented?: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date