

Veterinary Technology Program Work Place Injury Report Form

To Be Completed by the Student:

Last Name: _____ First Name: _____

Student ID Number: _____ Graduating Class: _____

Hospital Name: _____

Initial if **no** work related injuries to report. Check box, sign and date below.

1. Date of Incident/Exposure: _____ Time of Incident/Exposure: _____

2. Type of Incident/Exposure: _____
(Be specific, i.e., bite, scratch, equipment, etc.)

3. Injury Location on Body: _____

4. Describe the circumstances/causes of the injury: _____

5. Could the injury have been prevented? If yes, explain how: _____

6. List the protective equipment used at the time of the incident/exposure: _____

7. Was your mentor or supervisor informed? _____

a. Name of mentor/supervisor: _____

b. Mentor/Supervisor Contact #: _____

c. Mentor/Supervisor Email: _____

Student Signature: _____ Date: _____

Mentor or Office Manager Signature: _____ Date: _____

Office Use Only:

Date Received: _____ Date Filed: _____ Initials: _____