Cleveland Clinic

Health Professions Student Medical Incident Report

DATE: _____

STUDENT NAME: _____

CCHS PRECEPTOR/PROGRAM DIRECTOR:

_____

CCHS LOCATION (HOSPITAL, FLOOR, ETC):

_____

DESCRIPTION OF THE INCIDENT:

_____

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Health Science Student:
During your CCHS clinical rotation, there was an incident that compromised your health. For your protection, it is recommended that you be taken to the Emergency Department for medical assessment and/or treatment; ***however, as an adult, this is your decision***. If you agree to medical treatment, any medical costs will be billed to your insurance company. Any additional costs not covered by your health insurance will be your responsibility.

☐ I **agree** and give permission to my preceptor to take me to the Emergency Department for medical assessment and/or treatment.

☐ I do **not agree** to be taken to the Emergency Department for medical assessment and/or treatment.

Date: _____

Student's Signature: _____

Preceptor: *****Please call the student's Emergency Contact.
*Consider entering incident in SERS.