

Middle Tennessee State University
School of Nursing
Adverse Event Report Form

Complete the following information and return to the Director of the School of Nursing.

The report form is to be completed by the student and/or faculty member as soon as possible after an injury, accident, or unusual occurrence.

Student or Employee Name: _____

Date of Incident: _____ Time of Incident: _____

Location: _____ Instructor: _____

Course: _____

Check type of incident:

____ Needle stick injury ____ Exposure to blood/body fluids

____ Medication error ____ Treatment error

____ Other (fall, car accident, etc.)

Description of incident and treatment:

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____