

Student Report of Accident / Injury

For a printable copy visit link: : <https://www.lmunet.edu/academics/schools/college-of-veterinary-medicine/clinical-year/reference-materials-for-the-lmu-cvm-clinical-year>

Notice: Student injuries regardless of the extent are to be reported within 24 hours of occurrence.

As a student in the clinical program at Lincoln Memorial University-College of Veterinary Medicine, you are required to maintain a health insurance policy for the duration of your education. If you are injured on rotation or during programmed school hours and require medical attention; provide the treating facility with your insurance information. Your primary insurance is to be billed first; the University's Student Accident Insurance is billed secondary for non-covered services. If any days are missed, a student Leave of Absence Request form must also be completed.

Send completed form to: LMUCVM.ClinicalRelations@lmunet.edu

Contact Office of Clinical Relations and Outreach for further information.

Student's Name: _____ Date of Injury: _____ Time: AM ___ PM ___

Nature of injury: _____

College /Department: _____ Grade/Year: _____ On Rotation: YES ___ NO ___

Student's contact No. Home: _____ Mobile: _____ Other: _____

Name of Insurance Company: _____ Policy No. _____

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Location of accident/ injury: _____ On Campus: YES ___ NO ___

Was 911 Called: YES ___ NO ___

Who witnessed the accident/injury: _____ Position/Title: _____

Name of attending Supervisor/Instructor: _____

Were you performing a procedure: YES ___ NO ___ Type: _____

Was protective equipment used (if applicable): YES ___ NO ___ Type: _____

Was aid/treatment given: YES ___ NO ___ Type: _____

Name of Treating Facility: _____

DETAILS OF THE INCIDENT / ACCIDENT:

Student's Signature: _____ Date: _____

Clinical Relations and Outreach Signature: _____ Date: _____