INCIDENT REPORT
NMC Student Health Office
720 N. 87th Street, Omaha, NE 68114
Phone (402) 354-7210 FAX (402) 354-7265

TO BE COMPLETED BY:
STUDENT AND INSTRUCTOR, PRECEPTOR, or STUDENT HEALTH NURSE

Name	Student ID#	Age	Date of Birth

Home Address	Home and Cell Phone

Program of study	Witness to incident	

Circle One: Male Female	Date of Incident	Time of Incident	Location of Incident

☐ **Injury/Incident**

Describe how the accident or injury occurred in detail (job task performing, what was involved that led to incident and part of the body affected). Please be specific.

What action could have been taken to prevent this incident or its recurrence:

Program Director Name _____ Notified? YES NO Date Notified _____

Instructor/Preceptor/Student Health Nurse Signature_____ Phone #_____

Student Signature _____ Date _____

9/23/2010; Reviewed September 20, 2012