



Study Abroad and International Exchange

Study Abroad Program Coordinator Accident/Illness Report Form

Today's Date: \_\_\_\_\_ Date of Accident/Illness: \_\_\_\_\_

Location/Time of Incident \_\_\_\_\_

Were you present? \_\_\_\_\_ If not, who provided this description? \_\_\_\_\_

Names of persons involved: \_\_\_\_\_

\_\_\_\_\_

Brief description of what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What actions did you take? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If anyone was transported to a hospital or clinic, please provide complete name of facility, its phone and fax numbers, and address: \_\_\_\_\_

\_\_\_\_\_

Were the police or legal authorities notified of the incident or present at the scene? \_\_\_\_\_

If yes, please list the names/phone numbers of responsible legal authorities in charge of the case.

Name(s): \_\_\_\_\_ Case #: \_\_\_\_\_

\_\_\_\_\_

Was the U.S. Embassy notified? \_\_\_\_\_ If yes, please list the names and phone numbers of responsible consular officials involved in this incident: \_\_\_\_\_

\_\_\_\_\_

***This sheet should be copied, filled out, and attached to the report for each person involved in the accident/illness who received medical care.***

Name of Person who received medical care:

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Please list names and phone numbers of all physicians who provided examinations or treatments:

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Exact names of any medications prescribed (*please keep all packaging/inserts*):

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Was this person conscious and capable of making informed judgments about his/her medical treatment?

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If this person was not capable of making medical decisions, who made the necessary decisions?

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Was any follow-up care recommended? \_\_\_\_\_

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Dates/times of contact with Office of Study Abroad & International Exchange and/or parents:

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Program: \_\_\_\_\_

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Your Printed Name: \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

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***Attach extra sheets as necessary, and any documentary evidence. Please scan to the Office of Study Abroad and International Exchange within 48 hours of signing.***