



Pacific Northwest University of Health Sciences
College of Osteopathic Medicine

STUDENT INJURY REPORT

**REPORT OF STUDENT INJURY DURING ACADEMIC CLINICAL
DEMONSTRATION**

Date and time of incident _____

Name of Student _____

Name of Proctoring
Physician/Faculty/Staff _____

Brief Description of Situation, including name of other individuals involved:

Evaluation and Recommended Course of Action:

Disposition:

Return to class (with or without restrictions):

Withdraw from class until:

Signature of Student

Signature of Physician/Faculty/Staff
