



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:

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

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

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

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

Was any follow-up care recommended? _____

Dates/times of contact with Office of International Education and/or parents: _____

Program: _____

Your Printed Name: _____

Signature _____ Date _____ Time _____

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