University of Utah Physician Assistant Program

Incident Report

Student Name: ____________________________ Year/Class: ______

Date Incident Occurred: __________ Time Incident Occurred: ______

Location of Incident: __________________________________________

Name of Preceptor: ____________________________________________

Has an Incident Report been filed at the Institution? Yes____ No____

If yes, who filed the report? ______________________________________

Name of Patient: __________________ History Number: ____________

Describe the incident in detail. Give the times, names of other personnel present, etc. (Please attach additional pages if necessary).

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Date: __________ Signature of Student: ____________________________

Please Submit Completed Form to:
Utah PA Program
Attn: Melody Berg
375 Chipeta Way Ste A
Salt Lake City, UT 84108
or fax to: 801-581-5807