**INCIDENT REPORT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  | | | | | | | | |
| **Name:** | |  | | | **Age:** | |  | **Gender:** |  |
| **Position/Year Level:** | | |  | **Program/Department:** | |  | | | |

|  |  |
| --- | --- |
| History: |  |
| Nature of Incident: |  |
| Place of Incident: |  |
| Date of Incident: |  |
| Time of Incident: |  |
| Description of Injury Sustained: |  |
| Management: | 🞏 Treated in Pamantasan ng Cabuyao Clinic  🞏 Referred to Hospital, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature Over Printed Name*  *School Nurse*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |  | *Signature Over Printed Name*  *School Physician*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |