Field School Medical Report Form

Field School: _____

Today's date: _____

Date of medical incident: _____

Name(s) of student(s): _____

Time and place of incident (if applicable): _____

_____

Description of injury or symptoms presented:

_____

_____

_____

Description of care sought and provided (include prognosis, any medications administered or prescribed, x-rays taken):

_____

_____

_____

Medical provider (clinic/hospital name, address, phone number, doctor's name):

_____

_____

Action / follow up required (if applicable):

_____

_____

Report filed by: _____

Please report this information to UVic Security (+1 250 721 7599); and submit this form to Global Engagement (world@uvic.ca) with 48 hours of any incident.

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