PACIFIC HOSPITALITY & CULINARY ACADEMY

INTERNSHIP INCIDENT REPORT FORM

Date: Location: Time In:

INFORMATION - STUDENT

Name: Sex: DOB:

Address: Contact Number:

Witness Name: Contact Number:

Internship Workplace:

Allergies (If any) Medications (If you are taking any)

Past Medical History (If any)

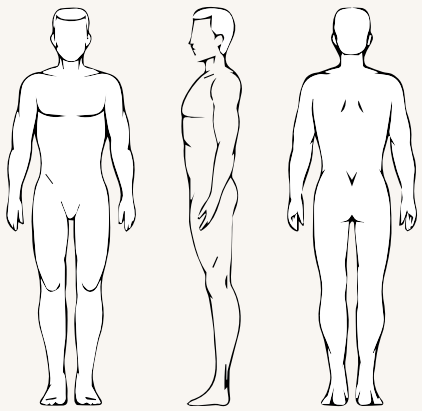
☐ Not Known ☐ Asthma ☐ Cardiac ☐ Diabetic

☐ Nil ☐ Epilepsy ☐ Hypertension ☐ Loss of consciousness

☐ Others? _____ ☐ Medi Alert- What? _____

Type of incident

☐ Abrasion
☐ Bleeding
☐ Burns
☐ Contusion
☐ Deformity
☐ Fracture
☐ Laceration
☐ Pain
☐ Swelling
☐ Tenderness
☐ Lower back strain



Others _____

Please explain the incident in detail
What? How? Where? When?

Action taken from the company (Internship work place)

Discharged How? ☐ Ambulance ☐ Hospital ☐ Return to work ☐ Others _____

First Aider's Name:	Contact Number:	Patient Signature