

UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE  
ROCKFORD

STUDENT CLINICAL EXPERIENCE INCIDENT REPORT FORM

**STUDENT INFORMATION**

Name \_\_\_\_\_

UIN # \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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**Incident and Reporting Information**

Clinical Rotation: \_\_\_\_\_

Location (Site and Department): \_\_\_\_\_

Date and Time: \_\_\_\_\_

**Reported to (MUST list both individuals)**

Clinical Site (Preceptor/Clerkship Director): \_\_\_\_\_

School Official (Student Health): \_\_\_\_\_

Date: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Follow-up Information**

Did you contact your insurance provider for primary care (private or Campus Care) within 24 hours of the incident?

YES \_\_\_\_\_

NO \_\_\_\_\_

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow up with UIC Student Health and Wellness (815-395-5870):

Scheduled \_\_\_\_\_

Completed \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clinical Supervisor

\_\_\_\_\_  
Date

Please return completed form to UIC Student Health and Wellness Rockford

Phone: 815-395-5870

Fax: 815-395-5750

Email: [npycio1@uic.edu](mailto:npycio1@uic.edu)