

4.7 Accident report form

4.7.1 General information

Student		
Student's name:		
Home Address:		
City:	ID student number:	
E-mail:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone number:	Home telephone number:	
Insurance company		
Name of insurance company		
Address:		
City:	E-mail:	
Telephone number:	Number of health insurance:	
Academic institution		
University:		
Faculty:		
Address:	City:	
Academic mentor's name:	Position:	
E-mail:	Telephone number:	
Hosting institution (enterprise/company)		
Name of Company:		
Head of company:		
Address:	City:	
Industrial mentor's name:	Position:	
E-mail:	Telephone number:	

4.7.2 Accident information

Time and place of accident		
Date of accident:	Time of accident:	Location of accident:
Description of accident		
Description:		
Nature of injury:		
Injured part(s) of body:		

Witness information	
Name(s) of Witness(es)	Telephone numbers:
1.	1.
2.	2.
3.	3.

4.7.3 Post-accident information

First aid information	
Brief details of the first aid given:	
Name of first aider:	
Address:	City:
State:	Telephone number:
Hospital information	
Was the injured person sent to hospital:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of hospital:	
Address:	City:
State:	Telephone number:
Notification	
Was academic mentor notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was parent or other responsible person notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was insurance responsible person notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date: _____

Place: _____

Industrial mentor signature:

Head of company signature:

Stamp
