



THE INSTITUTE OF

*Epidermal Cell Therapy*

Date of Accident: \_\_\_\_\_ Person filling out Report: \_\_\_\_\_

Name of person injured: \_\_\_\_\_ Instruction's Name: \_\_\_\_\_

Location of where accident took place: \_\_\_\_\_  
\_\_\_\_\_

Time of injury: \_\_\_\_\_

What was injured? (Be specific on injury): \_\_\_\_\_  
\_\_\_\_\_

How did injury occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was first aid administered? Yes No

What first aid was administered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was an ambulance needed? Yes No

Did you go to the emergency room? Yes No



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Did you go to the E.R. within 24 hours of injury?    Yes    No

If you did not go to the E.R., did you see your primary physician?    Yes    No

How long after injury occurred? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

Note: An accident should be reported immediately, no matter how small, to your supervisor. You then need to complete an accident report and give it to your supervisor within 24 hours of accident.

Student's Signature: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_