



**Student Health Center**  
 1310 Club Drive, Building H-89 Ste. 1537  
 Vallejo, CA 94592  
 P: 707-638-5220 F: 707-638-5261  
 Email: [tuc.studenthealth@touro.edu](mailto:tuc.studenthealth@touro.edu)

**Incident Report**

Date Form Completed: \_\_\_\_\_  
 Name of Person Reporting: \_\_\_\_\_  
 Date and Time of Incident: \_\_\_\_\_

List involved individuals and any witnesses (Do not list person reporting).

Full Name	Telephone Number	Witness/Primary Person	
		<input type="radio"/> Witness	<input type="radio"/> Primary Person
		<input type="radio"/> Witness	<input type="radio"/> Primary Person
		<input type="radio"/> Witness	<input type="radio"/> Primary Person

Describe the facts of the incident. Please include all information that may be relevant. Be thorough and objective. Please sign and date the form and return it to the Student Health Center.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Reporting: \_\_\_\_\_ Date: \_\_\_\_\_

Student will submit this completed form to Touro University California Student Health Center and Designated Program Clinical Coordinator within 24 hours of incident.

Student Health Center

Date Form was received: \_\_\_\_\_

Name of Person who received the form:  
 \_\_\_\_\_

Form reviewed by Director/Medical Director:

Yes  No

Signature: \_\_\_\_\_

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

Program Designated Clinical Coordinator

Date Form was received: \_\_\_\_\_

Name of Person who received the form:  
 \_\_\_\_\_