

Annex No. 1 to the Procedure for conduct following occupational exposure to infection with HIV, HBV, and HCV viruses

**INCIDENT REPORT FORM
FOR A STUDENT, PARTICIPANT OF POSTGRADUATE STUDIES, SPECIALIST
IN TRAINING,
AND OTHER FORMS OF EDUCATION
IN CONNECTION WITH THE IMPLEMENTATION OF THE STUDY PROGRAM
OR ON ACADEMY PREMISES**

Date: _____

First and last name of the person reporting the incident:	
Contact details of the person reporting the incident (phone, e-mail):	
First and last name of the injured person:	
Contact details of the injured person (phone, e-mail):	
Date and place of birth of the injured person:	
Address of residence of the injured person:	<i>in: lecture hall, laboratory, sports hall or other:*</i>
Faculty where the studies are being undertaken:	
Form of education:	
Year of study:	Field of study:
Location of the incident: _____	<i>in: e.g. lecture hall, laboratory, sports hall or other:*</i> _____
Date and time of the incident:	
Circumstances of the incident (brief description):	
_____ _____ _____ _____	
Causes of the incident:	
Type of first aid provided:	
Information on the consequences of the incident for the injured person (type of injury):	
Duration of incapacity to study:	
Witnesses to the incident:	
(first name, last name, address, contact details: phone, e-mail)	
(first name, last name, address, contact details: phone, e-mail)	

Date and Signature of the person reporting the incident: