



P.O. Box 8106  
San Luis Obispo, CA 93403

**Nursing & Allied Health Department**  
Main Office: CA Highway 1, Bldg. 2700, Room 2722  
San Luis Obispo, CA 93405  
Phone (805) 546-3100, ext. 2798 Fax (805) 546-3961

## Student Injury/Exposure Report

### PART 1: Instructor Statement

<b>STUDENT NAME:</b>	
<b>DATE &amp; TIME OF INJURY/EXPOSURE:</b>	
<b>LOCATION OF OCCURRENCE:</b>	
<b>COURSE TITLE AND INSTRUCTOR NAME:</b>	
<b>DESCRIPTION OF INJURY/EXPOSURE:</b>	
<input type="checkbox"/> Student has declined medical treatment for the above injury/incident: _____ (instructor's initials)	
<b>Completed and signed by:</b>	<b>Date:</b>

**INSTRUCTOR'S RESPONSIBILITY:**

1. For **SERIOUS OR EMERGENCY** injuries/incidents in the classroom, skills lab or clinical setting send student to Hospital ER or CALL 911.
  - If injury/exposure occurs in a clinical or healthcare agency and the student is treated in the Hospital ER, notify the Infection Control/Employee Health Nurse.
2. For **MINOR injury/exposure** in the classroom, skills lab or clinical setting, offer the student treatment, and if desired, send him/her to an **Approved Urgent Care Facility\***
3. For **both Serious and Minor injuries/exposures, also do the following:**
  - Immediately notify the Director of Nursing or Director of Allied Health of the incident **via email**.
  - Complete Part 1, Instructor Statement of this report. Give Part 2, Student Statement to the student to complete and return to you, ***even if treatment is declined.***
  - Submit Part 1 and Part 2 to the Cuesta Nursing/Allied Health Office **and Fax to: 805-546-3961**. The office will then **submit the forms** to Human Resources.
4. Instructor must also notify Human Resources **within 24 hours** of the injury/exposure either via email at [hr@cuesta.edu](mailto:hr@cuesta.edu) or call 805-546-3100 ext. 3129. (HR will contact student for any required follow-up)

**\*Approved Urgent Care Facilities:**

**Paso Robles: MedPost Urgent Care** - 500 1<sup>st</sup> St/Vine, Paso Robles, CA (805) 226-4222  
**Pismo Beach: Med Plus** - 877 Oak Park Blvd., Pismo Beach, CA. (805) 474-8450  
**San Luis Obispo: Med Stop** – 283 Madonna Rd, Suite B, SLO, CA 93405 (805) 549-8880



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# Injury/Exposure Report

## PART 2: Student Statement

<b>STUDENT NAME:</b>			
<b>STUDENT ID # (begins with "900")</b>			
<b>STUDENT MAILING ADDRESS:</b>			
<b>STUDENT PHONE NUMBERS (CELL &amp; HOME):</b>			
<b>DATE &amp; TIME OF INJURY/EXPOSURE:</b>			
<b>LOCATION OF OCCURRENCE:</b>			
<b>COURSE TITLE AND INSTRUCTOR NAME:</b>			
<b>DESCRIPTION OF INJURY/EXPOSURE:</b>			
<input type="checkbox"/> I decline medical treatment for the above injury/exposure: _____ (student's initials)			
If declining medical treatment, state reason:			
<b>Completed &amp; signed by:</b>		<b>Date:</b>	
<b>STUDENT'S RESPONSIBILITY:</b> 1. For ALL incidents/exposures: IMMEDIATELY report injury/exposure to Cuesta Instructor. 2. Complete Part 2, Student Statement, of the Injury/Exposure Report and submit it to your Cuesta Instructor. Instructor will submit this form to the Nursing or Allied Health office. 3. The student will be contacted by the Cuesta College Human Resources Office regardless of injury, exposure, and/or acceptance or declination of treatment.		<b>For Office Use Only</b>	
		Program:	
		Start Date:	
		Treatment Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No