

**Study Abroad Program Director  
Accident/Illness Report Form**

Today's Date: \_\_\_\_\_ Date of Accident/Illness: \_\_\_\_\_

Location/Time of Incident \_\_\_\_\_

Were you present? \_\_\_\_\_ If not, who provided this description? \_\_\_\_\_

Names of persons involved: \_\_\_\_\_

\_\_\_\_\_

Brief description of what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What actions did you take? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If anyone was transported to a hospital or clinic, please provide complete name of facility, its phone and fax numbers, and address: \_\_\_\_\_

\_\_\_\_\_

Were the police or legal authorities notified of the incident or present at the scene? \_\_\_\_\_

If yes, please list the names/phone numbers of responsible legal authorities in charge of the case.

Name(s): \_\_\_\_\_ Case #: \_\_\_\_\_

Was the U.S. Embassy notified? \_\_\_\_\_ If yes, please list the names and phone numbers of responsible consular officials involved in this incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***This sheet should be copied, filled out, and attached to the report for each person involved in the accident/illness who received medical care.***

Name of Person who received medical care: \_\_\_\_\_

Please list names and phone numbers of all physicians who provided examinations or treatments:

\_\_\_\_\_  
\_\_\_\_\_

Exact names of any medications prescribed (*please keep all packaging/inserts*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was this person conscious and capable of making informed judgments about his/her medical treatment? \_\_\_\_\_

If this person was not capable of making medical decisions, who made necessary decisions?

\_\_\_\_\_

Was any follow-up care was recommended? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates/times of contact with Office of Study Abroad and/or parents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Printed Name and Program: \_\_\_\_\_

Your Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Attach extra sheets as necessary, and any documentary evidence. Please fax to the Office of Study Abroad [001-217-581-7355] within 48 hours of signing.