

# Field School Medical Report Form

Field School: \_\_\_\_\_

Today's date: \_\_\_\_\_

Date of medical incident: \_\_\_\_\_

Name(s) of student(s): \_\_\_\_\_

Time and place of incident (if applicable): \_\_\_\_\_

\_\_\_\_\_

Description of injury or symptoms presented:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of care sought and provided (include prognosis, any medications administered or prescribed, x-rays taken):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical provider (clinic/hospital name, address, phone number, doctor's name):

\_\_\_\_\_

\_\_\_\_\_

Action / follow up required (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Report filed by: \_\_\_\_\_

**Please report this information to UVic Security (+1 250 721 7599); and submit this form to Global Engagement ([world@uvic.ca](mailto:world@uvic.ca)) with 48 hours of any incident.**