



Physician Assistant Program
XAVIER UNIVERSITY *of* LOUISIANA

APPENDIX E: STUDENT INCIDENT REPORT

Physician Assistant Student:

Address:

City: State: Zip Code:

Phone:

E-Mail:

Date of Incident: Time of Incident:

Semester: Course: Location:

Student's Account of Incident

Signature:

Date:

(please have the site preceptor complete the second page of this form)



Physician Assistant Program
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Comments by Instructor or Preceptor

Signature of Instructor or Preceptor:

Title:

Date of Report:

Site Name:

Site Address:

Site Telephone Number: