



Region 9 Head Start Accident Report

Any and all circumstances, situations, or accidents involving body fluids or blood pathogens should be reported on this form.

Name: Address: City/Street: Phone:	Other people involved: (a report must be filled out for each individual involved)	
Mark all that apply: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Employee <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Child <input type="checkbox"/> Other	Reason for being at Center: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer/Visitor	
Location of Incident: <input type="checkbox"/> Playground <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Other(Explain):	Date of Incident:	Time of Incident:
Description of accident: (Describe what happened.) Describe injuries and part of body affected: (Be specific.) Property/Equipment involved: (Describe any incurred damage.)		
Witness Name: Address: City/St.: Phone:	Witness Name: Address: City/St.: Phone:	
Was the person seen by a physician or emergency room personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete accident insurance form. A return to activities release form may be required.)</i>	Parent/Guardian contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No Time contacted: _____ am / pm How contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Note <input type="checkbox"/> Other	
Describe treatment provided by Head Start staff:	<input type="checkbox"/> Child removed from Head Start care <input type="checkbox"/> Child remained in Head Start care	
Exposure Incident (Bloodborne Pathogens/Body Fluids) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Declination of Hep B vaccination: (Offered after exposure incident.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Date of Report: Signature:	Title of person preparing report:	