

MIDWIFERY STUDENT PERSONAL INJURY REPORTING FORM

Students are advised to report all personal injuries.

Student Name:	
Student ID:	
Date:	
Course Name:	
Current Clinical Placement (if applicable):	

People present when incident occurred. Please do not refer to individuals by name. Instead use descriptors for other individuals, e.g. use "Birthing Parent" or "Baby", "Midwife or Physician responsible for care", "the driver of the other car":

Location (e.g. Hospital, Birthing Parent's home, highway 401):	
Date of Incident:	

Brief factual description of incident. Please provide facts only, without reference to your opinions or conclusions, if any. Please do not refer to anyone present by name:

If you required care beyond on the spot first aid, missed time from the placement as a result of the injury, incurred injury related costs, or were exposed or contracted a communicable disease, please proceed with the WSIB reporting as outlined on the MEP website.

Signature:		Date:	
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Send this report without undue delay to: midwiferyplacements@torontomu.ca
and mepadvising@torontomu.ca