A-10 International Incident Report

International Activity Description: ____________________________________________
Activity Leader Name (leave blank if student-led): ____________________________
Activity Sponsor Name: ____________________________________________________
Destination city and country: _______________________________________________

Incident Details
Student name(s): _________________________________________________________
Student ID numbers: _______________________________________________________
Date and time of incident: _________________________________________________
Location of incident: _______________________________________________________
Description of incident, including any injuries or and what the onsite response was: ________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Physical and psychological condition of the students involved: ___________________
_____________________________________________________________________
_____________________________________________________________________

Incident Response:
Description of any care sought/provided (include prognosis, medications administered or prescribed, x-rays taken etc.): ________________________________
_____________________________________________________________________
_____________________________________________________________________
Name of hospital/clinic: ____________________________________________________
Name of attending physician: _______________________________________________
Any follow-up required? If yes, when: _______________________________________
Was International SOS contacted? Y/N When were they contacted? ________________

Name of person filling in this report (please print): ______________________________
Contact email or phone number for follow-up questions: _______________________

Signature: ______________________________ Date: __________________________

Attach additional sheets if required. Complete this form within 48 hours after the incident, and send it by fax to SFU Safety and Risk Services (1-778-782-3469, Attn: Travel Safety Coordinator) or email a summary to srs-travel@sfu.ca