

health_accident_information_date

Table of Contents

Type the date of the accident in the MMDDYYYY format. Or, click to select the date from a calendar.

● In the Time field, type the time of the accident in the HH:MM format, where HH is the hour, and MM is the minute. Select AM or PM. The field is required.

● In the Nature of Accident field, click drop-down arrow to select the nature of the accident.

● In the Body Part Injured field, click drop-down arrow to select the part of the body injured in the accident.

● In the Location field, click drop-down arrow to select the place where the accident occurred.

● In the Attending Name field, type the name of the person who attended to the student first. The field can be up to 30 characters.

● In the Physician Name field, type the name of the physician who examined the student. The field can be up to 27 characters.


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Back Cover