International Travel Incident Report Form

Student travel outside of Canada

For assistance in an emergency, contact the Office of Internationalization
(902) 867-5197 itac@stfx.ca
or STFX security (902) 867-4444

Form completed by:

First Name: _____ Last Name: _____
Student ID# _____ Email Address: _____
Date form completed: Click or tap to choose a date.

Incident Information

Incident Date: Click or tap to choose a date.
Incident Time AM / PM (on location): _____
Incident Type: Click or tap to choose.
If 'Other' please describe: _____
Incident Location (country/city/address/etc): _____
Incident photos or video available? YES ☐ NO ☐

Who responded to the incident? (check & provide details as applicable)

RESPONDER(S)	NAME(S)	CONTACT INFORMATION
☐ Student(s)		
☐ STFX Employee(s)		
☐ Hotel / Residence staff		
☐ Police		
☐ Ambulance / Paramedics		
☐ Other medical personnel (incl. hospital)		
☐ Fire		
☐ Embassy or Consulate		
☐ Insurance Company		
☐ _____		

Persons involved in the incident & witnesses (provide details as applicable)		
Person(s) involved	**NAME(S)**	**ID / CONTACT INFORMATION**
☐ STFX Student(s)		Student ID#_____
☐ STFX Employee(s)		Contact_____
☐Non-STFX student / employee		Contact_____
☐ Witness(es)		Contact_____

Did the traveler(s) involved need medical attention? YES ☐ NO ☐
Please describe the nature of the injury / illness _____

If medical treatment was received, please provide the following:

1. Treatment date: click or tap to choose a date
2. Time of treatment AM/PM: _____
3. Location of treatment: _____

If medical treatment was *refused*, please provide details:

Was a medical insurance provider contacted? YES ☐ NO ☐
If YES, please provide the following:

1. Treatment date: click or tap to choose a date
2. Insurance company name: _____

Incident Details

Please provide a detailed description of the incident, and its suspected cause.
Click or tap here to enter text.

I _____ confirm that the information reported here is true to the best of my knowledge, and accept this statement as if this was my live signature.

Please email completed form to itac@stfx.ca as soon as possible, or within 48 hours of return from travel.