



Welcome to the Medical Event reporting form for Therapy. You can select or type your responses directly onto the form anywhere there is a blue highlight.

To submit the form, you must first save it to your computer. We ask that you use the following naming convention for any form you submit:

1. The 2 letter abbreviation for your state.
2. Dash (-)
3. The date of the incident in month-day-year.
4. Th (Therapy)
5. Dash(-)
6. Abbreviation of facility

An example would look like:

CA-1-10-2012Th-Mem (California, January 10, 2012, Therapy Event at Memorial Hospital)

This naming convention will allow us to keep submissions organized and allow quick entry into a database.

To submit your event form, attach it to an email directed to:

[bhirschler@crccd.org](mailto:bhirschler@crccd.org)

Please use the subject line: " H-38 Medical Event Report-Therapy "

Thanks.