



OTAGO MEDICAL SCHOOL
Te Kura Hauora o Ōtākou

MB ChB Assessment Incident form

for reporting events that may affect student performance in assessments that inform progress decisions

Use this form to report any incident arising during the course of an assessment where student performance may have been adversely or advantageously affected. Such incidents might include fire alarms, discovering an OSCE simulated patient is known to the student, computer malfunctions, and other unanticipated no-fault incidents not covered by the Special Consideration policies for students with temporary or permanent conditions.

Date of assessment:	Time:
Description of assessment: year of course + module, subject, type of assessment etc.	
Examiner(s) / Invigilator(s)	
Candidate(s) name:	Candidate(s) ID number:

Please describe what you observed/experienced:

What impact did this event have on student performance?

Please circle one of the following:

No impact

Minimal impact

Moderate Impact

Significant Impact

Additional comment:

The above is a true and correct record of events as reported by:

.....
Signature

.....
Date

.....
Name: please print

.....
Role: e.g. student/ examiner

.....
Preferred email address / phone number for contact

Completed forms are to be forwarded to the Module Convenor / Administrator
and the MB ChB Assessment Manager MBChB-Assessment@otago.ac.nz by end of next business day.