INJURY REPORT (Not work related)

TODAY'S DATE | **DATE OF INJURY** | **TIME OF INJURY** | **AGE** | **GENDER**

NAME OF INJURED

EXACT LOCATION

ADDRESS

DEPARTMENT

STATUS AT TIME OF ACCIDENT:
❑ STUDENT ❑ EMPLOYEE ❑ OTHER

PHONE

ON DUTY AS AN EMPLOYEE AT TIME OF ACCIDENT?
❑ NO ❑ YES

CAUSE OF THE ACCIDENT

DESCRIBE IN DETAIL WHAT HAPPENED

WHICH SIDE OF BODY WAS INJURED?
❑ LEFT ❑ RIGHT

NATURE AND EXTENT OF INJURY

WAS FIRST-AID ADMINISTERED? DESCRIBE (ICE, BANDAGE, PAIN RELIEVER, ETC.)
❑ NO ❑ YES **BY WHOM?** ____

DID YOU GO TO:
❑ NO ❑ YES **UNIVERSITY HEALTH CENTER?** (Southern students and employees)
❑ NO ❑ YES **DOCTOR?** If so, doctor's name: ____
❑ NO ❑ YES **EMERGENCY ROOM?** If so, where: ____

WHAT DO YOU SUGGEST BE DONE TO PREVENT A SIMILAR ACCIDENT?

SIGNATURE OF INJURED **DATE**

SIGNATURE OF WITNESS **DATE**

__________________________________ ____________________

PHONE:

PLEASE PRINT NAME:

REPORTED TO **DATE**

DEPARTMENT:

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