SOUTHERN ADVENTIST UNIVERSITY

INJURY REPORT (Not work related)

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

NAME OF INJURED **ID NUMBER**

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**

_____ _____

REPORTED TO **DATE**

PHONE:

DEPARTMENT:

PLEASE PRINT NAME:

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