Student's Report of Injury*- To be completed by the student. Must be legible and completed in full. Retain a copy of this report for your records.

Personal Information:			
Last Name:	First Name:	Middle Name:	
Home Address: Street:			
City:	State:	Zip:	Home Phone:
Date of Birth	SSN:	Student ID	
Program:		Sex: ☐ Male ☐ Female	
Classification (Class Year):	Phone:		

Accident Information:		
Date of Incident:	Time of Incident:	Clinic:
Supervising Faculty:		
Location of Accident- Address:		
Building:	City:	State:

Accident Details:	
Activity when accident occurred:	
Body parts involved in injury:	Type of injury:
Object or substance causing injury:	
If SHARPS EXPOSURE: Identify type and brand of object:	
How did the injury occur? (Attach additional sheet if needed):	

Other persons present when the injury occurred:		
Name:	Phone:	Email:
Name:	Phone:	Email:

Treatment:			
Initial Treatment: ☐None ☐ First Aid ☐ Student Health ☐ Emergency Room ☐ Other			
Was follow up medical treatment required after initial treatment: ☐ YES ☐ NO			
Treating Physician - Full Name:			
Address:	City	State:	Zip:

Certification and Authorization:	
Signature:	Date:

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