

CEDARVILLE UNIVERSITY
STUDENT REPORT OF INCIDENT & INJURY

Date Report Filed: _____

Please PRINT in INK

STUDENT

Name: _____ MALE FEMALE
Home Address _____ Date of Birth _____
City-State-Zip _____ S.S.N. _____
Home Phone _____ Other Phone _____

Date of injury or onset of symptoms _____ 202_ ____ Time _____ AM PM
Please describe what caused the injury or symptoms. What were you doing just **before** the incident, and what did you do **after** the incident? **Please be specific and name any objects or substances involved.** (if you need more space, please use the back of this form). PLEASE INCLUDE THE **LOCATION** WHERE THE INCIDENT/INJURY OCCURRED!

Did you report this injury/incident to anyone? YES NO If "NO", why not? _____

If "YES", to whom did you report it? Title/position _____ When? _____

Did anyone else see what happened? YES NO If yes, who? _____

What part(s) of your body was/were affected? (Please be **specific**: *i.e.* right elbow, left knee, right index finger)

What type of injury did you experience? (Please be **specific**: *i.e.* bruise, scrape, cut, strain, pull).

Was any first aid provided on the scene? YES NO If "YES", describe: _____

Did you seek any other medical treatment? YES NO When? _____

Where? _____ If "NO", explain why: _____

Is this an aggravation of a previous injury/symptom? YES NO

If "YES" when were you last treated for the previous injury?

By whom were you treated?

Have you ever had a similar injury? YES NO If "YES" please describe:

ADDITIONAL INFORMATION:

This form is not to be used for student workers' compensation purposes. Student workers are to use the Employee Incident report form. The purpose of this form is to provide information regarding student incidents or injuries while in an academic program or class such as a lab or shop.

Student Name: (please print) _____ Date: (required) _____

Student Signature: _____

Update: Mar 2021

INCIDENT or INJURY