

Student Injury/Illness Accident Report Form

Personal Information		
Name:	Address: Street	Cell phone:
Date of Birth: Gender: F <input type="checkbox"/> M <input type="checkbox"/>	City, State, zip	Home Phone:
Cortland #: C _____		
Details		
Date:	Time of incident:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Injury Type (Check all that apply)		
Chemical Exposure <input type="checkbox"/>	Strain/Sprain <input type="checkbox"/>	Burn/Scald <input type="checkbox"/>
Needle Stick <input type="checkbox"/>	Fracture <input type="checkbox"/>	Scratch/Abrasion <input type="checkbox"/>
Bloodborne Pathogen <input type="checkbox"/>	Laceration/Cut <input type="checkbox"/>	Other (specify): <input type="checkbox"/>
Nature and body parts affected: (be specific – include left or right side if appropriate)		
Incident		
Location where Injury/Illness occurred (i.e., Building, Room, Etc.):		
Specify the activity <u>before</u> the accident happened:		
How did the injury/illness happen? (Describe what happened)		
What caused the injury/illness? (describe what caused the injury/illness)		
Was medical attention required? Specify any treatment received.		
Was the injury/illness witnessed by anyone? If so, please provide their name and contact information.		
Are the hazardous conditions still present? Yes (describe): <input type="checkbox"/> No <input type="checkbox"/>		
Student Name:	Signature:	Date:

To be completed by instructor, supervisor, EH&S officer:		
Follow-up and corrective actions:		
Name:	Signature:	Date:

Submit this form to:

Student Health Services
Van Hoesen Hall, Room B-26
Phone: 607-753-4811
Fax: 607-753-2486

Send a copy to:
Environmental Health and Safety
Service Group 108
Phone: 607-753-2508