**STUDENT INJURY REPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONAL INFORMATION: | | | | | |
| **X** STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E#: | | | HOME PHONE | | CELL PHONE/WORK PHONE |
| NAME: | | |
| ADDRESS (STREET & NO.) | | CITY / STATE | ZIP CODE | | EMAIL ADDRESS |
| NAME OF PROGRAM / DEPARTMENT  ☐ AT ☐ OT ☐PA ☐ PT ☐NURSING ☐PHARMACY ☐RESPIRATORY CARE | | | ☐UNDERGRAD PROGRAM  **X** GRADUATE PROGRAM  ☐CERTIFICATE PROGRAM | | YEAR IN STUDY:  ☐1ST☐2ND  ☐ 3RD ☐4TH |
| INCIDENT / DAMAGE DETAILS:  COMPLETE THIS SECTION FOR PERSONAL INJURIES: | | | | | |
| PRIMARY BODY PART AFFECTED  RIGHT or LEFT  ☐☐HEAD  ☐☐NECK  ☐☐SHOULDER  ☐☐ARM  ☐☐ELBOW  ☐☐WRIST  ☐☐HAND  ☐☐FINGER(S)  ☐☐CHEST  ☐☐HIP  ☐☐LEG  ☐☐KNEE  ☐☐ANKLE  ☐☐FOOT  ☐☐TOE(S)  ☐☐OTHER | SEVERITY OF INJURY  ☐ NO REPORTED INJURY  ☐MINOR FIRST-AID  ☐ SEVERE NON-DISABLING  ☐ DISABLING  . | | | CAUSE OF INJURY (BE SPECIFIC)  ☐ OBJECT (MACHINERY)  ☐EQUIPMENT / TOOLS  ☐HAZARDOUS SUBSTANCE  ☐NEEDLE STICK  ☐BODY FLUID EXPOSURE  ☐FALL  ☐OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | TREATED BY  ☐EMERGENCY ROOM  ☐PRIMARY CARE PHYSICIAN  ☐ OTHER\_Urgent Care  ☐REFUSED TREATMENT |
| LOCATION / ADDRESS OF INJURY | | | ADDITIONAL BODY PART(S) AFFECTED:  No | |
| DESCRIPTION OF INJURY: | | | | |
| WITNESS OF INCIDENT REMARKS and NAME(s): | | | | |
| CLINICAL SUPERVISOR’S REMARKS  NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: 2/19/15 | | | | |
| REPORT COMPLETED BY:  PHONE: EMAIL | | | DATE REPORTED | | TIME REPORTEDAMPM |

**E-MAIL COMPLETED REPORT TO**

Melissa Cloyd, MPA | Information Research Technician II / Clinical Education Information Coordinator

cloydmc@etsu.edu | Phone: 423.439.8707

A copy of this form is kept by the program in the student’s file and sent to the Dean of CCHRS.