



## PHYSICAL INJURY INCIDENT REPORT

### Instructions:

- If the injured person requires emergency care, call 911.
- If the injured person does not require emergency care, they should be escorted to the Health Center reception desk. The receptionist will inform the floor clinician who will assess the extent of any injury and supervise First Aid as needed.
- A written Physical Injury Incident Report concerning any event resulting in physical injury that occurs on campus must be submitted to the Assistant Dean for Clinical Education (Health Center Director) who will provide copies to the Vice President of Human Resources, Chief Financial Officer and Security desk as soon as possible after assessment. Report forms can be found in the Health Center or at the security desk.
- Please SAVE the completed form to a network folder where department documents are retained, with document filename "lastname-mm-dd-yy.pdf" where lastname is the last name of the injured person and the date is the date of the injury.

### Section I: REPORTING INFORMATION

Name of Person Injured:

Injured Type:                      ☐ Patient              ☐ Visitor              ☐ Student              ☐ Employee

Address:

Phone Number:

Date of Reporting (today's date):

Name of witness(es):

### Section II: INCIDENT DESCRIPTION

Date of Incident:

Time of Incident:

Exact Location of Incident:

Description of Incident:

Description of Injury:

*Please fill out the reverse side*



### Section III: INJURY ASSESSMENT

Appropriate First Aid will be rendered by qualified individuals in the Health Center or at the incident location.  
If assess beyond First Aid is needed, the injured person will be referred to an independent health care provider.

Injured person presents in the Health Center:    ☐ Yes                      ☐ No

Date:                      Time:

Injured person refuses assessment:                      Yes                      No

Print Name:

Date:

Signature: \_\_\_\_\_

Description of First Aid:

Description of referral provided:

Clinician providing assessment:

Print Name:

Date:

Signature: \_\_\_\_\_