

**Date Filed:** \_\_\_\_\_  
**Please file with Student Development (11220 Building) within 24 hours of the injury**

## NORTHWEST UNIVERSITY STUDENT REPORT OF INJURY

**Print Legibly:**

Name \_\_\_\_\_  
Home/Cell Ph. # \_\_\_\_\_ NU Ext. # \_\_\_\_\_  
Northwest University student I.D. # \_\_\_\_\_  
Student \_\_\_ Visitor \_\_\_ Other (specify) \_\_\_\_\_  
Date/time occurred \_\_\_\_\_ Date/time reported \_\_\_\_\_  
Did the injury occur while working at Northwest University? Yes \_\_\_ No \_\_\_ (if yes, consult with HR for new form)  
Location: \_\_\_\_\_  
What were you doing at the time of the injury? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To whom was the incident reported? \_\_\_\_\_ Ph. Ext. # \_\_\_\_\_  
Witness #1 \_\_\_\_\_ Ph. # home \_\_\_\_\_ Bus. \_\_\_\_\_  
Witness #2 \_\_\_\_\_ Ph. # home \_\_\_\_\_ Bus. \_\_\_\_\_  
First-aid treatment? Yes \_\_\_ No \_\_\_ | By whom? \_\_\_\_\_ Date/time \_\_\_\_\_  
Seen by University nurse? Yes \_\_\_ No \_\_\_  
Missed class due to injury? Yes \_\_\_ No \_\_\_ | Name of professors of missed class(es)? \_\_\_\_\_  
Parents contacted after injury occurred? Yes \_\_\_ No \_\_\_ | Parents' names \_\_\_\_\_ Phone # \_\_\_\_\_  
Seen by a physician? Yes \_\_\_ No \_\_\_ | Doctor's name \_\_\_\_\_ Phone # \_\_\_\_\_  
Refused to see a doctor? Reason \_\_\_\_\_  
Ambulance called to scene? Yes \_\_\_ No \_\_\_ | Refused Ambulance? Reason \_\_\_\_\_  
Vehicle involved? Yes \_\_\_ No \_\_\_ | Vehicle accident report made? Yes \_\_\_ No \_\_\_  
Agency making report \_\_\_\_\_ | Case # of vehicle accident report \_\_\_\_\_

Describe incident. Give full details. Include: *Where? What? When? How? Why? Name any others involved and explain their involvement.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**USE SUPPLEMENTAL INJURY REPORT FOR ADDITIONAL INFORMATION**

Injured's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Witness's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*(Acknowledging Receipt only)*