NORTHWEST UNIVERSITY STUDENT REPORT OF INJURY

Print Legibly:

Name of person injured: ________________________________

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____

Person making report ________________________________ | University Department ________________________________


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USE SUPPLEMENTAL INJURY REPORT FOR ADDITIONAL INFORMATION

Injured’s Signature: ________________________________ Date ___________

Witness’s Signature: ________________________________ Date ___________

(Acknowledging Receipt only)