

Date Filed: _____

Please file with Student Development (11220 Building) within 24 hours of the injury

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 _____

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)