NORTHWEST UNIVERSITY STUDENT REPORT OF INJURY

Date Filed: _____

Please file with the Wellness Center as soon as possible

Print Legibly:

Name of person injured _____ Date of Birth _____

Home/Cell Ph. #_____ 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_____ Phone _____

Witness #2_____ Phone _____

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? ☐Yes ☐ No | If yes, list 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: W*here? What? When? How? Why? Name any others involved and explain their involvement.*

_____

_____

_____

_____

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NORTHWEST UNIVERSITY OFFERS ACCIDENT INSURANCE. IF *URGENT* OR EMERGENCY CARE IS NEEDED PLEASE CALL 911 AND/OR GO TO THE EMERGENCY ROOM. PLEASE FOLLOW UP WITH THE WELLNESS CENTER FOR ADDITIONAL FORMS.

Injured's Signature: _____ Date _____

Witness #1 Signature: _____ Date _____

Northwest University Official Signature: _____ Date _____

Student received Excess Insurance Information? ☐ Yes ☐No

Form sent to Student Development? ☐ Yes ☐No Form sent to Security Department? ☐ Yes ☐No

Revised 03/2018

Northwest University Wellness Center
Release of Information

Type of Information to Be Released:

I _____, _____,

Name of Client (Please Print) *Date of Birth*

hereby authorize NU Wellness Center to use and/or disclose the protected health information relating to an injury on _____ (date) for the purpose of reporting the injury to the NU departments of Security and Student Development.

Method of Transmission:

☐ Documents by Mail ☑ Documents Delivered in Person

☑ Conversation ☐ Other _____

Revocation/Re-disclosure:

It is my understanding that this authorization can be revoked in writing at any time, except to the extent that substantial action may have already occurred in reliance on this authorization, including provision of health care services requiring subsequent disclosure to effectuate payment. Unauthorized re-disclosure by recipient is a potential risk.

Duration:

If not previously revoked, this authorization will expire in ninety (90) days.

Specific Limitation:

Except as to third party payers, this authorization does not include disclosure for future health care services received more than ninety (90) days from the date of signature.

Your Rights:

You have the right to a copy of this completed and signed form.

Signature:

Your signature below authorizes use and/or disclosure of protected health information in accordance with the above, from the date of signature. You have the right to refuse to sign this authorization. Your refusal will not condition treatment, payment, enrollment or eligibility for benefits.

_____ _____

Signature (Patient / Client / Parent / Guardian / Other legal representative for health care decisions) *Date*

_____ _____

Wellness Center Staff Signature – Witness *Date*

NORTHWEST UNIVERSITY WELLNESS CENTER
5520 108th Ave NE, Kirkland, WA 98033
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