



# Student Incident/Injury Report

(To be completed by the student and instructor and signed by both.)

Student Name:	Harper ID#:	Email:
Home Address Street:	City:	Phone:
Date of Injury:	Time:	Location of Injury (Bldg. room #):

Did the injury occur during class? Yes  No

If yes, name of class and instructor:

Nature of injury (slip/fall, struck by, strain, etc.):	Body part injured:
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Was medical treatment obtained immediately following the injury? Yes  No

Check location of treatment (check more than one if necessary):

<input type="checkbox"/> Hospital/ER	<input type="checkbox"/> NCH	<input type="checkbox"/> Personal Physician
Date:	Date:	Date:

## DESCRIPTION (Write a detailed description of what, how and why the injury happened, including witnesses.)

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## EVALUATION (How could this injury be avoided in the future? Describe changes or improvements in equipment, procedures, training and/or personal protective equipment needed.)

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Student's Signature:	Date:	Instructor's Signature:	Date:
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