



Student Incident/Injury Report

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

Student Name:	Harper ID#:	Email:
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Home Address Street:	City:	Phone:
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Date of Injury:	Time:	Location of Injury (Bldg. room #):
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No Check location of treatment: (check more than one if necessary):	<input type="checkbox"/> Harper Health Services Date:	<input type="checkbox"/> Immediate Care Clinic Date:
	<input type="checkbox"/> Hospital/ER Date:	<input type="checkbox"/> Personal Physician Date:

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

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

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