Southern OREGON UNIVERSITY

STUDENT RELATED INJURY/ILLNESS FORM

This form is to be completed for all school-related injuries or illnesses regardless of the extent of injury.

TO BE COMPLETED BY FACULTY

Complete this form as soon as knowledge of incident FAX completed forms to Administrative Officer/Risk Manager at (541) 552-7014 or email to syquiam@sou.edu

Instuctor Name (Print)	Instructor Signature	Phone Number	Date

Name of Injured Student	Student ID#:	Course	Phone Number	Room Ext.

Student Course Title	☐ Student ☐ Visitor	Class Days S M T W TH F S ☐ ☐ ☐ ☐ ☐ ☐ ☐	Class Start Time ☐ AM Hour _____ ☐ PM	Class End Time ☐ AM Hour _____ ☐ PM

Date of Injury/Illness:	Time of Injury/Illness: ☐ AM Hour _____ ☐ PM	Date of Your Knowledge:	Date Purmit Claims form given to student:

Did injury occur on university premises? YES ☐ NO ☐	Injured at (Bldg/Rm# or Location):
Was the appropriate safety equipment used?: YES ☐ NO ☐ Has student received proper training?: YES ☐ NO ☐	Were there witnesses? YES ☐ NO ☐ If yes, please list Name/Phone: 1._____ 3. _____ 2._____ 4._____

Has student released from doctor's care? YES ☐ NO ☐
If student died, date of death: _____

Last day student attended university: _____
Date returned: _____

Describe specific activity the student was performing when event occurred (e.g., Welding seams of metal forms, loading boxes onto truck).

Describe how the injury/illness occurred (e.g. student stepped back to inspect work and slipped on scrap metal. As he fell, he brushed against fresh weld, and burned right hand). If additional space is needed use bottom of next page.

NATURE OF INJURY		BODY PART INJURED		ACTION
☐ Abrasion	☐ Fracture	☐ Head	☐ Wrist (L/R) _____	☐ First Aid Only
☐ Bruise	☐ Foreign Body	☐ Face	☐ Finger _____	☐ Required doctor's care
☐ Sprain/Strain	☐ Burn	☐ Eye	☐ Knee (L/R) _____	☐ Hospitalized
☐ Laceration	☐ Syncope (fainting)	☐ Neck	☐ Leg (L/R) _____	☐ No Injury/Incident only
☐ Puncture	☐ Poison Oak	☐ Back	☐ Shoulder (L/R) _____	
☐ Dermatitis	☐ Other _____	☐ Arm (L/R) _____	☐ Foot (L/R) _____	
		☐ Ankle (L/R) _____	☐ Toe _____	
		☐ Groin	☐ Other_____	

Were there any unsafe acts? YES ☐ NO ☐	Were there any unsafe conditions? YES ☐ NO ☐	
☐ Operating without authority	☐ Improperly guarded	☐ Hazardous weather or environment
☐ Operating at Unsafe speed	☐ Defective tool or equipment	☐ Contact with poisonous plants, chemicals etc.
☐ Using equipment incorrectly	☐ Poor housekeeping	☐ Hazardous work procedure:
☐ Taking unsafe posture/position	☐ Improper Lighting	☐ Hazardous dress or apparel
☐ Failure to use personal protective equipment	☐ Improper ventilation (dust, fumes, etc.)	☐ Other: _____
☐ Lack of training	☐ Unsafe Design/Construction	
☐ Other _____	☐ Slippery or other unsafe surface	
Reasons for Unsafe act: _____ _____	Reasons for Unsafe Conditions: _____ _____	

What practical corrective action will be taken by instructor to prevent recurrence? _____
_____

If student is admitted to the hospital, the Faculty must contact the Administrative Officer/Risk Manager (541)552-7014 and/or the Environmental Safety Manager at (541) 552-8624 as soon as possible.

Faculty Signature: _____ Date: _____

TO BE COMPLETED BY STUDENT
(Sign only ONE box below)

STUDENT ACKNOWEDGMENT IF SEEKING MEDICAL TREATMENT

☐ I will be seeking medical treatment for this injury/illness

Signature of Student: _____ Date: _____

STUDENT ACKNOWLEDGMENT IF NOT SEEKING MEDICAL TREATMENT

☐ I am NOT seeking medical treatment for this injury/illness

If NO medical treatment is required, student acknowledges this is an Incident Report only:

Signature of student: _____ Date: _____