

FORM SHOULD BE COMPLETED BY INJURED STUDENT OR HEALTH SERVICE PROVIDER

Name: _____ Email: _____
 Address: _____ Phone: _____
 Date: _____ Student ID Number: _____
 Sex: Male Female DOB: _____
 Location where accident occurred: _____

Description of Accident: Please describe how the accident happened. What was the student doing? List any specific acts by individuals or conditions that led to the accident. (include any tools, machinery or instrument involved)

Nature of Injury			Part of Body Injured		
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Cut	<input type="checkbox"/> Scratch	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Face	<input type="checkbox"/> Leg
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Shock	<input type="checkbox"/> Ankle	<input type="checkbox"/> Finger	<input type="checkbox"/> Mouth
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain	<input type="checkbox"/> Back	<input type="checkbox"/> Foot	<input type="checkbox"/> Nose
<input type="checkbox"/> Bite	<input type="checkbox"/> Laceration	<input type="checkbox"/> Splinter	<input type="checkbox"/> Chest	<input type="checkbox"/> Forearm	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Bruise	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Strain	<input type="checkbox"/> Ear	<input type="checkbox"/> Hand	<input type="checkbox"/> Teeth
<input type="checkbox"/> Burn	<input type="checkbox"/> Puncture		<input type="checkbox"/> Elbow	<input type="checkbox"/> Head	<input type="checkbox"/> Wrist
<input type="checkbox"/> Concussion	<input type="checkbox"/> Repetitive Stress Injury		<input type="checkbox"/> Eye	<input type="checkbox"/> Knee	<input type="checkbox"/>
Other specify) _____			Other (specify) _____		
_____			_____		

Did police respond? Y N Police Dept. Name Did EMS Respond? Y N

Did you go to the URI Health Center for treatment? Y N

If no, name of treating facility?

Will you need follow up treatment? Y N If yes, type of treatment:

Signed: _____

Student Date

Email signed form to Cynthia Stanton, URI Risk Manager:

cynthia_stanton@mail.uri.edu

210 Flagg Rd – Suite 213, Kingston, RI 02881
(p) 874-2591 (f) 874-9101

NOTE: Students employed by URI who are injured while at work should fill out the Incident/Injury Report at www.uri.edu/hr/forms or contact Human Resource, Leslie Cronin at 401-874-2684.