

**Student Visitor Injury Exposure
Incident Report Form**

Student First Name:	Student Last Name:	Student Phone Number:
Student CWID:	Student's Mailing Address:	Date of Injury:
Student Email:		Time of Injury:
Name(s) and contact phone # of any witnesses involved or who may have knowledge of injury:	1.	
	2.	
	3.	
Description of Injury:		
Specific location of the injury:		
What body part (if any) was affected and how was it affected?		
What equipment, materials, or chemicals (if any) were involved?		
Date Student Health Center was contacted (if applicable):		
Was an appointment scheduled with the Student Health Center? If yes, list date of appointment: _____	YES	NO
Was Campus Police notified? If yes, who did you speak to: _____	YES	NO
Was other medical care sought? If yes, explain.		