CALIFORNIA STATE UNIVERSITY
FULLERTON

# STUDENT OR VISITOR INJURY/ILLNESS REPORT

Case Number

## PART I – TO BE COMPLETED BY INJURED/ILL OR REPORTING PERSON

| Name | Campuswide ID | Date of Birth | Extension |
|---|---|---|---|
| Street | City | State | Zip |

| Home Phone Number | Sex<br>☐Male<br>☐Female | Department or Sponsoring Organization | ☐Student ☐Student Assistant<br>☐Student on Work Study ☐Visitor |
|---|---|---|---|

Activity During Accident / Illness

☐ Attending Class, Lab, etc. ☐ Research ☐ Field Trip ☐ Club or Organization ☐Free Time ☐ Other___________

Sports Activity ☐ P.E. Class ☐ Intramurals ☐ Intercollegiate ☐Unsupervised

Specific Sport_______________________________________ Name of Coach or Witness Present___________________________

Medical Treatment Provided: ☐ Yes ☐ No Returned to Activity: ☐ Yes ☐ No

Describe the injury/illness, including what, where, why, how the injury/illness occurred:

Date:______________________________ Time:________________________ Location: ________________________________

| Signature (If able) | Date | Report Completed By | Date | Phone Number |
|---|---|---|---|---|

## PART II – TO BE COMPLETED INSTRUCTOR, DEPARTMENT CHAIR OR AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION CONDUCTING THE ACTIVITY

| Date of Injury / Illness / Death | Date of knowledge of Injury | Time of Injury / illness<br>Hour_____ ☐A.M ☐P.M. |
|---|---|---|

Describe the injury/illness, including what, where, why, how the injury/illness occurred:

What has been done to correct any condition that might have contributed to the injury / illness?

What do you recommend for correction?

**Part of Body (check)**
Indicate Right of Left when Applicable

1. ☐ Head
2. ☐ Face
3. ☐ Eye
4. ☐ Ear
5. ☐ Mouth
6. ☐ Heart
7. ☐ Back
8. ☐ Trunk
9. ☐ Arm
10. ☐ Wrist
11. ☐ Hand
12. ☐ Finger
13. ☐ Knee
14. ☐ Leg
15. ☐Ankle
16. ☐ Foot
17. ☐Toe
18. ☐Hip
19. ☐ Neck
20. ☐ Shoulder
21. ☐Groin
22. ☐No Injury
23. ☐ Other ___________

**Type of Injury (check)**

1. ☐ Reaction to foreign substance/objects
2. ☐ Puncture
3. ☐ Laceration
4. ☐ Confusion
5. ☐ Burn
6. ☐ Fracture
7. ☐ Amputation
8. ☐ Sprain/Strain
9. ☐Other___________________________

**Name of Witness / Dept / Phone #**

1.

2.

3.

| Instructor's / Reporting Party Name | Title | Date | Extension |
|---|---|---|---|
| Contact Information | | | |
| Department Head Signature (if injured is a student) | Title | Date | Extension |
| Contact Information | | | |

EHS, RM (10/15)
Distribution: Risk Management CP700, EHS-T-1475, Supervisor