



**STUDENT/PUBLIC ACCIDENT OR INJURY REPORT**  
**ALL ITEMS MUST BE COMPLETED**

<b>NAME OF INJURED:</b>  <b>800 #:</b>	<b>DATE OF BIRTH:</b> MO _____ DAY _____ YEAR _____  <b>SEX:</b> Male    Female
<b>STATUS:</b> Freshman    Sophomore Junior        Senior Visitor        Other: _____	<b>SCHOOL ADDRESS, if applicable (include phone #):</b>
<b>HOME ADDRESS (INCLUDE PHONE #):</b>	<b>DATE AND TIME OF ACCIDENT:</b>
<b>EXACT LOCATION OF ACCIDENT (Specify building, room #, parking lot, walkway etc.)</b>	<b>FULLY DESCRIBE HOW THE ACCIDENT HAPPENED:</b>
<b>DESCRIBE TYPE OF INJURY AND PART OF BODY AFFECTED (e.g. cut to right arm, injury to left ankle, etc.):</b>	<b>DID STUDENT/VISITOR GO TO HEALTH SERVICES, DOCTOR OR HOSPITAL?</b>  If yes, doctor and/or hospital (Name & Address): _____ _____ _____
<b>WITNESS (Name, Address &amp; Phone #):</b>	<b>REPORT COMPLETED BY (Please print):</b> Name: _____ Phone #: _____ Date: _____ Campus Address: _____ Signature: _____

Please send all completed forms to the Environmental Health and Safety Office, 133 Wall Service Complex, or ehs@delhi.edu. Student injuries should also be sent to the Health Service at 607-746-4141(fax), or healthservices@delhi.edu. Be sure to retain a copy of this form for your own record.