

Injury/Illness Report

Information for Injured/Ill Person

Last Name:	
First Name:	
Student I.D. #:	
Address Line 1:	
City, State, & Zip Code:	
Phone #:	
Date of Birth:	
Academic Program:	

Injury/Exposure Information

Date of Injury/Exposure:	
Time of Injury/Exposure:	
Location of Injury/Exposure:	
Describe the injury or disease and indicate the part(s) of the body that are affected.	
Describe the events that resulted in the injury/illness. Please describe any object, substance, or exposure that directly brought about the injury or illness. This could be a slippery floor, speeding truck, food, etc.	
First Aid Steps Taken:	
Did the injury/exposure require medical attention other than first aid?	
Did the student miss class or other regularly scheduled activities as a result of this injury/exposure?	
Did the injury/exposure result in death?	
Who was in charge when and where the injury/exposure occurred?	
Witnesses:	
Who was this report prepared by? Please type your name and title.	

This report should be copied in its entirety to:

Risk Management Division (Dept. of Administration)
85 State House Station
Augusta, ME 04333
Fax: 287-4008

Campus Offices: Safety Office