



UNIVERSITY AT ALBANY

State University of New York

REPORT OF STUDENT/PUBLIC ACCIDENT OR INJURY

ALL ITEMS MUST BE COMPLETED.

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| NAME OF INJURED: | DATE OF BIRTH: _____ SEX: M or F MO ___ DAY ___ YEAR _____ |
| STATUS: Circle one FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE VISITOR OTHER _____ | SCHOOL ADDRESS, if applicable (include phone #): |
| HOME ADDRESS (include phone #): | DATE AND TIME OF ACCIDENT: |
| EXACT LOCATION OF ACCIDENT (Specify building, room #, parking lot, walkway, etc.): | FULLY DESCRIBE HOW THE ACCIDENT HAPPENED: |
| DESCRIBE TYPE OF INJURY AND PART OF BODY AFFECTED (e.g. Cut to right arm, sprain to left ankle, etc.): | DID STUDENT/VISITOR GO TO UNIVERSITY HEALTH SERVICES, DOCTOR OR HOSPITAL? YES ___ NO ___ UNKNOWN ___ IF YES, DOCTOR AND/OR HOSPITAL (Name & Address): _____ _____ |
| WITNESSES (Name, Address & Phone #): A. _____ B. _____ C. _____ | REPORT COMPLETED BY (<u>Please Print</u>): NAME: _____ PHONE #: _____ DATE: _____ CAMPUS ADDRESS: _____ SIGNATURE: _____ |

Retain a copy for your files & send the original to Office of Environmental Health and Safety in Chem. B73 via regular mail or e-mail to ehs@albany.edu.