UNIVERSITY OF GEORGIA EXTENSION

For Internal Use Only
Entered Online: ___NO ___YES
Date Entered:_____
Entered by: _____

University of Georgia Injury Reporting Form*

Injury Date: _____ **Time:**_____**am/pm**

Name of Injured Person: _____ **Under 18:**_____**Age 18 & Over:** _____

Phone Number of Injured Person: (____)____-_____

Incident/Accident (check all that apply):

___Lifting/moving	___Burn	___Needle stick
___Ingestion/inhalation	___Slip/trip/fall	___Object in eye
___Struck by/struck against	___Strain	___Cut/puncture/scrape
___Animal/insect bite	___Illness-communicable	___Hearing loss
___Caught by	___Illness–non-communicable	___Motor vehicle collision

___Other (please specify): _____

Where did incident happen? (Be specific: building, room no., hallway, etc)

Building Name: _____ Room No: _____

Other location; please describe: _____

Details of Incident. (Describe exactly what happened. What was the individual doing? What was the cause?)

_____

_____

Give the name(s)/phone numbers/email of any witnesses to the incident.

_____

_____

_____

Describe any injury (bruise, sprain, laceration, etc.)

_____

_____

Specify what body part(s) were injured.

_____

_____

Treatment received (known at the time of this report):

___None	___Doctor/urgent care visit	___Admitted to hospital
___First aid at site	___Emergency Room	___Fatality
___Refused		

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Name of person completing this form (in case of question about form): _____

Group Name: _____ Phone Number: _____

**Developed from UGA online reporting system, May 2015; must be entered in online UGA Injury Report Form*