THE UNIVERSITY OF TEXAS AT TYLER
Accident and Injury Report
For Students and Visitors (in non-work related injuries)

DO NOT USE THIS FORM TO REPORT EXPOSURES TO BLOODBORNE PATHOGENS

If you are a student or a visitor (involved in a non-work related injury), complete this form and FAX it to the Environmental Health and Safety Department at 903-565-5829.

1. Status:
   - [ ] Student
   - [ ] Visitor

2. Date of injury/illness: (M/D/YY)
3. Time of injury/illness
   - [ ] AM
   - [ ] PM

4. Name: (Last, First, MI)

5. Address: 
   a. Phone #:
   b. E-Mail Address:

6. Medical attention requested:  
   - [ ] Yes
   - [ ] No

7. Address or location where injury or exposure occurred.
   - [ ] Main Campus
   - [ ] Longview University Center
   - [ ] Palestine Campus

8. Injury Location:
   - Building
   - Floor
   - Room Number

9. Brief Description of what happened:

10. Cause of injury/illness (e.g., slip or fall, chemical, etc.):

11. Body Part Effected

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<td>Chest</td>
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<td>Stomach</td>
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<td>Back (lower)</td>
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<td>Back (upper)</td>
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12. Doctor/Hospital Name/Address/Phone#:

13. EMS Decision:  
   - [ ] Transport
   - [ ] No Transport

14. Patient Decision:  
   - [ ] Transport
   - [ ] No Transport

15. Witness Contact Information:

INFORMATION RELEASE

By signing this report form, I understand that I am giving my authorization to The University of Texas at Tyler designated database custodians to use and/or disclose my protected health information for the purpose of reviewing the accident/injury reported.

Signature: ___________________________ Date: ________________

Date Received by EHSD Office ___________________________ Initials: __________________