



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

If you are a student or a visitor (involved in a non-work related injury), complete this form and email it to [safety@uttyler.edu](mailto:safety@uttyler.edu) or FAX it to the Environmental Health and Safety Department at **903-565-5829**.

1. Status: <input type="checkbox"/> Student <input type="checkbox"/> Visitor	2. Date of injury/illness: (M/D/YY)	3. Time of injury/illness <input type="checkbox"/> AM <input type="checkbox"/> PM																																																																																																	
4. Name: (Last, First, MI)																																																																																																			
5. Address:	a. Phone #:	b. E-Mail Address:																																																																																																	
6. Medical attention requested: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																			
7. Address or location where injury or exposure occurred. <input type="checkbox"/> Main Campus <input type="checkbox"/> Longview University Center <input type="checkbox"/> Palestine Campus																																																																																																			
8. Injury Location:	Building	Floor	Room Number																																																																																																
9. Brief Description of what happened:																																																																																																			
11. Cause of injury/illness (e.g., slip or fall, chemical, etc.):																																																																																																			
<b>Body Part Effected</b>																																																																																																			
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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:** \_\_\_\_\_