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 or 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:

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

Body Part Effected

X	Mark Appropriately
	Head
	Face
	Neck
	Chest
	Stomach
	Back (lower)
	Back (upper)

X	Mark Appropriately	R	L
	Eye		
	Shoulder		
	Arm		
	Hand		
	Finger		
	Wrist		
	Leg		
	Knee		
	Ankle		
	Foot		
	Toe		

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:** _____