



Drexel University

Report of Student Injury Form

Incident Date: _____ Incident Time: _____

Please forward a copy of this form to:

Department of Environmental Health and Safety
400 North 31st Street
Philadelphia, PA 19104

Phone (215) 895-5919 Fax (215) 895-5926

Name of Person: _____	Sought Treatment (yes/no): _____
Address: _____	Treatment Location: _____
Date of Birth: _____	Address of Treatment Location: _____
Department / Program: _____	_____
Number where you can be reached: _____	Date Injury Reported: _____
	Person Injury Reported to: _____

Injury Type:

Hand/Finger (L/R): _____ Lower Arm (L/R): _____ Upper Arm (L/R): _____ Exposure: _____
 Back: _____ Head: _____ Lower Leg (L/R): _____ Upper Leg (L/R): _____ Other: _____
 Details of Injury: _____

Details of Incident:

General Location: _____ Exact Location: _____
 Lighting Conditions (good, poor, etc): _____ Floor Conditions (good, poor, etc): _____
 Type of Device / Equipment / Machinery / Needle Involved: _____
 Type of PPE Worn at Time of Incident: _____
 Witnesses: _____

Actions / Status Prior to Incident (what were you doing?):

Describe Incident:

How Did Injury Occur (what caused incident?):

Student Signature: _____ Date: _____

Drexel Supervisor Signature: _____ Date: _____

Do not let the completion of this form delay you from seeking medical attention