



ACCIDENT REPORT FORM

This form is to be used for the reporting of accidents/injuries that occur to students (not working), visitors, or off-duty employees on Campus. Please complete the form as thoroughly as possible, sign, date and return to: Vice President of Operations, Asbury University, One Macklem Drive, Wilmore, KY 40390. Phone: (859) 858-3511 extension 2357.

PLEASE CHECK IF YOU ARE: _____ **EMPLOYEE** _____ **VISITOR** _____ **STUDENT**

Last Name	First Name	MI	Date of Birth
Home Address			Home Phone
Social Security number	Department		Campus Phone
Name of Supervisor	Campus Address		Campus Phone

DETAILS OF ACCIDENT

Accident Date	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Location			
Description of What Happened					
What factors do you think contributed to the accident or injury?					
Type of Injury (Cut, Burn, Puncture, etc.)				Injured Body Part? (Left or Right)	
Witness to Accident		Signature of Injured or Reporting Party		Signature of Supervisor	
Date	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM

MEDICAL REPORT

To be completed at the _____ (treating facility)

Diagnosis and Treatment					
				Signature of Treating Nurse/Physician	
Disposition <input type="checkbox"/> Work <input type="checkbox"/> Hospital <input type="checkbox"/> Home ___ Days <input type="checkbox"/> Refused Medical Care				Date	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM