THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

# HEALTH SCIENCES STUDENT INJURY REPORT

**~~ PLEASE FAX OR E-MAIL COMPLETED REPORT TO GW'S OFFICE OF RISK MANAGEMENT ~~**

*The George Washington University, Office of Risk Management - Claims Manager*
*Email: risk@gwu.edu | Phone: (202) 994-3265 | Fax: (202) 994-0130*

## PERSONAL INFORMATION:

☐ STUDENT **GWID:**

NAME

HOME PHONE

CELL PHONE / WORK PHONE

ADDRESS (STREET & NO.)

CITY / STATE

ZIP CODE

EMAIL ADDRESS

NAME OF PROGRAM/ DEPARTMENT:

☐ BLS ☐ EHS ☐ CHA ☐ COHM ☐ INFR ☐ OT ☐ PA ☐ PT ☐ Other

☐ UNDERGRAD PROGRAM
☐ GRADUATE PROGRAM
☐ CERTIFICATE PROGRAM

YEAR IN STUDY:
☐ 1ST ☐ 3RD
☐ 2ND ☐ 4TH

## INCIDENT / DAMAGE DETAILS:

## COMPLETE THIS SECTION FOR PERSONAL INJURIES:

BODY PART AFFECTED

| RIGHT | LEFT | |
|---|---|---|
| ☐ | ☐ | HEAD |
| ☐ | ☐ | NECK |
| ☐ | ☐ | SHOULDER |
| ☐ | ☐ | ARM |
| ☐ | ☐ | ELBOW |
| ☐ | ☐ | WRIST |
| ☐ | ☐ | HAND |
| ☐ | ☐ | FINGER(S) |
| ☐ | ☐ | CHEST |
| ☐ | ☐ | HIP |
| ☐ | ☐ | LEG |
| ☐ | ☐ | KNEE |
| ☐ | ☐ | ANKLE |
| ☐ | ☐ | FOOT |
| ☐ | ☐ | TOE(S) |
| ☐ | ☐ | OTHER |

SEVERITY OF INJURY
☐ MINOR FIRST-AID
☐ SEVERE NON-DISABLING
☐ DISABLING
☐ FATALITY

CAUSE OF INJURY (BE SPECIFIC)
☐ OBJECT (MACHINERY)
☐ EQUIPMENT / TOOLS
☐ HAZARDOUS SUBSTANCE
☐ NEEDLE STICK
☐ BODY FLUID EXPOSURE
☐ OTHER _____

TREATED BY
☐ EMERGENCY ROOM
☐ PRIMARY CARE PHYS.
☐ OTHER _____
☐ REFUSED TREATMENT

LOCATION/ ADDRESS OF INJURY

ADDITIONAL BODY PART(S) AFFECTED :

DESCRIPTION OF INJURY

_____

WITNESS OF INCIDENT REMARKS

_____

_____

SUPERVISOR'S / MANAGER'S REMARKS

_____

_____ _____

NAME DATE

REPORT COMPLETED BY: NAME:

PHONE: EMAIL:

DATE REPORTED

TIME REPORTED:
☐ AM
☐ PM

Workers' Compensation claims should be reported to the Office of Risk Management.
Form should be filled out by the on-site supervisor of student, and then faxed to the student program office.
A copy of this form should be kept by the program in the student's file