ACCIDENTAL INJURY AND ILLNESS REPORT (UH Form 29)

Please prepare in duplicate and

FORWARD ORIGINAL TO YOUR RESPECTIVE CAMPUS SAFETY OFFICER

Clear Form

Name (Last, First, Middle Initial)	**Address** (Number, Street, Town, State)	**File No.**

~~**Social Security Number**~~	**Phone Number**	**Age**	**Sex**	**Classification** ☐ Student ☐ Visitors ☐ Other:

Date and Time of Occurrence Date: Time: AM PM	**Accident Location:** Site of occurrence (Bldg. name, Room no., stairs, hallway, etc.). If outside of building, give location in reference to nearest building, e.g. On mall mauka of Bilger Hall

Instructor (If applicable)	**Department**	**Witness** (Name and Phone No.)

Accident Description Describe fully, stating whether injured or exposed person struck, fell, etc., and all factors contributing to accident or illness. Include activity at time of accident and object or substance which directly injured the person. Use additional sheets if necessary.

Nature of Injury or Illness Describe in detail the nature of the injury or occupational illness and the part of the body affected.

Emergency Care and Patient Status	**Treated By:** (Name and address of physician or hospital, if known)
☐ First Aid Only, not at hospital or by doctor ☐ Referred to hospital or medical personnel, current status unknown ☐ Treatment at hospital or by medical personnel ☐ Other, specify	

This Report Prepared By:

Print Name	**Phone No**	**Date**