

IIBITED

Injury/Illness Reporting Form for Students & Visitors

CONTACT INFORMATION

NAME (LAST, FIRST, M.I.)		SEX	F M
CHECK BOX THAT APPLIES	STUDENT VISITOR	UT EID NO. (STUDENTS ONLY)	
NATURE OF VISIT (VISITORS ONLY)		DATE OF BIRTH	
ADDRESS (INCLUDE CITY & STATE)		PHONE NUMBER	

CHECK BOX THAT APPLIES INJURY ILLNESS

INJURY/ILLNESS DESCRIPTION

DATE OF INJURY/ILLNESS			TIME	AM 🗌	PM
LOCATION			ROOM NUMBER (IF APPLICABLE)		ODH M
NATURE OF INJURY/ILLNESS (I.E., SPRAIN, STRAIN, BRUISE)			PART OF BODY INJURED (I.E., RT LEG, LT ELBOW)		
PART OF BODY EXPOSED (WORKING WITH CHEMICALS ONLY)			NAME OF CHEMICAL		I I I I I I I I I I I I I I I I I I I
DETAILED DESCRIPTION (HOW & WHY?)					TO LONG OF BUILD
WAS POLICE OR EMS CALLED?	YES	NO 🗌	 RSON TRANSPORTED TO AL OR STUDENT HEALTH 2 (SHC)? YES NO	HOSPITAL	SHC

WITNESS INFORMATION

NAME (LAST, FIRST, M.I.)	DATE	
ADDRESS OR DEPARTMENT	PHONE NUMBER	
NAME (LAST, FIRST, M.I.)	DATE	
ADDRESS OR DEPARTMENT	PHONE NUMBER	

REPORTED BY

NAME (PLEASE PRINT)	DATE	
DEPARTMENT	CONTACT NUMBER	

Please fax or send completed form within 24 to 48 business hours to Environmental Health & Safety office at (817) 272-2144 or Box 19257, 500 Summit Avenue, Arlington, Texas 76019. Please retain copy of completed form for your records. For questions, please contact our office at (817) 272-2185.

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.