



### Campus Incident Report Form

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Date of birth \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

➤ Type of Campus Incident: *Check and circle type of incident or write in the space provided.*

**Blood or body fluid exposure - Complete Blood/body fluid exposure form.**

- Injury occurring on campus (anatomical site of your injury: \_\_\_\_\_)
  - trauma (body injury, cut, abrasion, sprain, other: \_\_\_\_\_)
  - falls
  - burn (area(s) of body suffering a burn: \_\_\_\_\_)
  - animal bite (rat, spider, bee, wasp, ant, other: \_\_\_\_\_)
- Other exposure (environmental) - [*Check and circle type of exposure or write in space provided*]
  - biological inhaled (measles, mumps, chicken pox, mold, TB, other: \_\_\_\_\_)
  - non-biological inhaled (chemical fumes, fire/smoke, other: \_\_\_\_\_)
  - skin contact (name or type of agent: \_\_\_\_\_)
  - allergic reaction (name or type of allergen: \_\_\_\_\_)

➤ Location of incident:

- Summerville Campus - specific location/building: \_\_\_\_\_
- Health Sciences Campus – specific location/building: \_\_\_\_\_
- Other location: \_\_\_\_\_

➤ Please describe what happened:

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- Did your injury occur while doing activity that is required for your classes?  Yes  No
- Did your injury occur while taking care of patients or other clinical work?  Yes  No
- Did you already report this incident?  Yes  No
- Did your injury require medical attention?  Yes  No
  - If yes, where did you receive treatment? \_\_\_\_\_

**Student:** Please keep a copy of your report and submit the original to Student Health.

For questions, please contact Student Health Services at 706-721-3448 or email: [studenthealth@augusta.edu](mailto:studenthealth@augusta.edu).

*Thank you.*