



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:

- 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.

Thank you.