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?
  o If yes, where did you receive treatment? ________________________________
  ☐ Yes  ☐ No

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.