



Student/Visitor First Report of Injury or Illness:
Environmental Health and Safety, 414 JM Smith Hall

You may submit the file using the button at the bottom of the second page or email it directly to ehs@memphis.edu.

SECTION I: INFORMATION ABOUT THE INJURED PERSON

First Name _____ Last Name _____
UID _____ Date of Birth _____ Male _____ Female _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Student _____ Visitor _____

SECTION II: INFORMATION ABOUT THE ACCIDENT/INCIDENT

Date injury occurred _____ Time of Incident _____ A.M. _____ P.M.
Location of accident (closest building) _____
Specific location (examples: Room #, hallway, stairwell, parking lot) _____

SECTION III: DETAILS ABOUT THE ACCIDENT

Please answer the following to the best of your ability.

- What was the injured person doing right before the incident occurred? Describe the activity?
- Describe the incident. How did the injury occur?
- What was the injury/illness? Be specific, including the body part affected and how.
- What object or substance directly harmed the individual?
- What has been done to prevent the same or similar accident from recurring?

SECTION IV: MEDICAL TREATMENT RECEIVED, IF ANY

Did you seek Medical Treatment? Yes _____ No _____

SECTION IV: SIGN AND DATE

Injured Person _____ Date _____

This form contains information relating to the health on an individual and must be used in a manner that protects the confidentiality of the person to the extent possible while the information is being used.