

INJURY/INCIDENT REPORT (For Non-Employees)

Ferris State University

PERSON INJURED

Name: _____ Campus ID or Driver's License: _____

Local Address: _____ City: _____ State: _____

Local Telephone Number: _____ Permanent Telephone Number: _____

Permanent Address: _____ City: _____ State: _____

DETAILS OF INJURY/INCIDENT

Date: _____ Time: _____ am/pm (circle correct one)

Location: Building/Other: _____ Room Number (or Area): _____

Type of Injury Setting: 1) Academic/Classroom _____ 2) Recreation/Intramural _____ 3) Other _____

What was person doing when injured? _____

Nature and Extent of Injury/Illness: _____
(Include area of the body injured, right/left where needed)

Type of treatment received at the scene: 1) None required _____ 2) First Aid (describe) _____

If further medical care is recommended, injured person transported by: 1) Ambulance _____ 2) Friend _____
3) Refused _____ 4) Other (explain) _____

If medical care is recommended but refused, please obtain the injured person's signature:

"I hereby refuse further medical treatment". _____

WITNESSES

Name: _____	Student Number: _____	Local (Campus) Telephone: _____
Name: _____	Student Number: _____	Local (Campus) Telephone: _____

***If not an FSU Student, list campus or local address.

PERSON COMPLETING REPORT

Name: _____ Title: _____ Telephone: _____

Signature: _____ Report Date: _____

NOTE: The student shall not be transported by faculty or staff. The student may be transported by a friend or an ambulance if medical care is needed.

IN CASE OF AN EMERGENCY, CALL 911

Send original to Risk Management & Insurance, Prakken 150-G. Retain copy for your files.

Risk Management Office Use Only: _____