

APPENDIX "A"

PERSONAL INJURY FORM

TO BE PRINTED BEFORE COMPLETING

Name : _____

Date of Report : _____

Address: _____

Date of Birth : _____

Telephone : _____

Date of accident or incident : _____

Time : _____ a.m. / p.m.

Location :

Sex : Male Female Student Number : _____

Status : Bishop's Student Staff Champlain Student
 Visitor Faculty
 Other _____

DESCRIBE ACCIDENT/INCIDENT

(if more space is needed, write on back)

INTERVENTION

Reported by : _____

Date : _____

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FOR STAFF USE ONLY

1. Nature of injury: _____

2. First aid administered :

3. If sent to hospital or clinic, state where and how :

4. Recommendations :

Notification of next of kin at : _____ a.m./p.m. By : _____

Security notified at : _____ a.m./p.m. Recorded by : _____

(WHITE - Security / PINK - Health Service / GOLDENROD - Department)