STUDENT INJURY REPORT

Reporting Supervisor Use Only

Student Name:			
Sex (Circle One): Male Female			
Date of Student Injury:	_ Time:		
Was treatment given at worksite? (Circle One)	YES	NO	
Was student treated in emergency room? (Circle One)	YES	NO	
Location of Student Injury (Ex. Gym, Cafeteria, Dormitory):			
What was student doing before incident occurred?			
Cause of Student Injury:			
Description of Student Injury/Illness:			
Object or substance that directly harmed student:			
Record-keeper Use Only			
Student Date of Hire (Date of Arrival):			
Student Date of Birth:			
Student Home Address (Different from Center Address):			
Student Home Phone:			
Employees Occupation: Apprenticeship and Training			
Ctudent CCN:			