COLLEGE OF NATURAL AND HEALTH SCIENCES STUDENT INJURY/ ACCIDENT REPORT

NOTE This form must be filled out within 48 hours of the injury/accident.

Student Name			Bear #	
Home Address	Oty	State	Zip Code	Phone #
Date of Injury or Illness	Time of Injury or Illn	ess	Was the accident or illr	ness on UNCproperty?
Ste of Injury or Illness (Building name and room #)	Class/Lab/Activity (C	ourse Name and Prefix)	•	

For the Instructor - Describe any actions taken after the incident. (For e	wample wash affected area, types of first aid applied, spill absorbed	ot o)
roi the instructor - Describe any actions taken after the induent. (For e	ixampie, wasmamecred area, types of first aid applied, spili absorbed,	etc.)
Instructor Name	Signature	Date
Safety Committee Recommendations of the safety committee after in	L ncident evaluation	
Safety Committee Name	Cianatura	Doto
Safety Committee Name	Signature	Date Date
Chair Comments (if needed)		
Chair Name	Chair Sgnature	Date