WILLIAM & MARY
ENVIRONMENT, HEALTH & SAFETY OFFICE

Student Accident Report Form

The injured student and/or Department Representative should fill out this form.
NOTE: Students employed by W&M who are injured while at work should fill out the *First Report of Accident/Injury Form located at* https://www.wm.edu/offices/hr/documents/forms/employeefirstaccident.pdf

Name: _____ Curriculum: _____

Address: _____ Phone: _____

Date: _____ Time accident occurred: _____

Sex: Male or Female (circle one) Age: _____

Student Identification #: _____

Room or area in which accident occurred: _____

Description of Accident: Please describe how the accident happened. What was the student doing? List any specific acts by individuals or conditions that led to the accident (include any tools, machinery or instruments involved).

_____
_____
_____
_____
_____

Nature of Injury			Part of Body Injured		
__ Abrasion	__ Cut	__ Scratch	__ Abdomen	__ Face	__ Leg
__ Amputation	__ Dislocation	__ Shock	__ Ankle	__ Finger	__ Mouth
__ Asphyxiation	__ Fracture	__ Sprain	__ Back	__ Foot	__ Nose
__ Bite	__ Laceration	__ Splinter	__ Chest	__ Forearm	__ Shoulder
__ Bruise	__ Poisoning	__ Strain	__ Ear	__ Hand	__ Teeth
__ Burn	__ Puncture		__ Elbow	__ Head	__ Wrist
__ Concussion	__ Repetitive Stress Injury		__ Eye	__ Knee	
Other (specify) _____			Other (specify) _____		
_____			_____		

Did accident occur during class time? Y or N If yes, provide class name: _____
Was first aid administered? Y or N Did you go to the Student Health Center for treatment: Y or N
Name of physician: _____
Remarks: What recommendations do you have for preventing other accidents for this type?
_____

Signed: _____ _____ _____
Student Department Representative Date

Submit to: Environment, Health & Safety Office at 208 S. Boundary St. or via email to Safety@wm.edu