Oklahoma City University

Clear Form

STUDENT / VISITOR / GUEST
(NON-EMPLOYEE)
INJURY/ACCIDENT REPORT

Personal Information:

OCU ID Number

Name: Date of Birth: Male Female

Address: Phone:

City: State: Zip

Affiliation (Please Check One)

Student Alumni Guest/Visitor Volunteer Program Participant Other

Injury/Incident Details:

Date of Injury/Accident: Time of Injury/Accident: am pm

Location at the time the injury occured:

Activity participating in at the time of the injury:

Body Part Injured (Check All That Apply):

Eye (Left)	Arm (Left)	Wrist (Left)	Knee (Left)	Head	Ankle (Left)
Eye (Right)	Arm (Right	Wrist (Right)	Knee (Right)	Neck	Ankle (Right)
Ear (left)	Shoulder (left)	Back (Lower)	Back (Upper)	Face	Foot/Toes (Left)
Ear (Right)	Shoulder (Right)	Pelvis/Groin	Hips/Buttocks	Mouth	Foot/Toes (Right)
Hand (Left)	Elbow (Left)	Leg/Calf (Left)	Leg/Thigh (Left)		Chest/Abdomen
Hand (Right)	Elbow (Right)	Leg/Calf (Right)	Leg/Thigh (Right)	Other	

Medical Care Provided? Yes No If Yes, Facility Location/Treating Physician:

Campus Safety Notified? Yes No Ambulance Called? Yes No

Medical Insurance Provider: Medical Insurance Phone Number:

Specific Description of how the Injury Occurred:

Instructor/Staff Present or Supervising: **Phone Number:**

Witness Information:

Name: Phone Number

Signature:
I have verified that this information is complete and accurate.

Sign: *Date:*

If there are any questions, please call the CFO at (405) 208-5498

Email signed document to risk@okcu.edu