ACCIDENTAL INJURY AND ILLNESS REPORT (UH Form 29)

Please prepare in duplicate and

FORWARD ORIGINAL TO YOUR RESPECTIVE CAMPUS SAFETY OFFICER

Name (Last, First, Middle Initial)		Address (Number, Street, Town, State)				File	No.	
Social Security Number	Phone	Number	Age	Sex	Classification Student Other:	Visitors		
Date and Time of Occurrence	Accident Location: Site of occurrence (Bldg. name, Room no., stairs, hallway,							
Date: Time:	Pate: Time: AM		etc.). If outside of building, give location in reference to nearest building, e.g. On mall mauka of Bilger Hall					
PM								
Instructor (If applicable)		<b>Department</b> Witness (Name and Phone No.)						
Accident Description Describe fully, stating whether injured or exposed person struck, fell, etc., and all factors contributing to accident or illness. Include activity at time of accident and object or substance which directly injured the person. Use additional sheets if necessary.								
Nature of Injury or Illness Describe in detail the nature of the injury or occupational illness and the part of the body affected.								
Emergency Care and Patient First Aid Only, not at hos Referred to hospital or m status unknown Treatment at hospital or Other, specify  This Report Prepared By:	pital or nedical p	by doctor personnel, current	Treated known)	By: (1	Name and address	of physician o	or hospital, if	

Phone No

Date

**Print Name**