

(Injuries to Employees will be documented on First Report of Injury Form)

ILLNESS/INJURY REPORT FORM

University of Northern Iowa

UNI Police Incident #:

Injured/Ill Person:

Name: _____ Date of Birth: _____ Phone: _____

Address: _____

(Number and Street)

(City)

(State)

(Zip)

Email: _____ UNI ID#: _____

Check One: Student ___ Visitor ___ Other ___ (Explain) _____

Date of Injury/Illness: _____ Time of Injury: _____ A.M. ___ P.M. ___

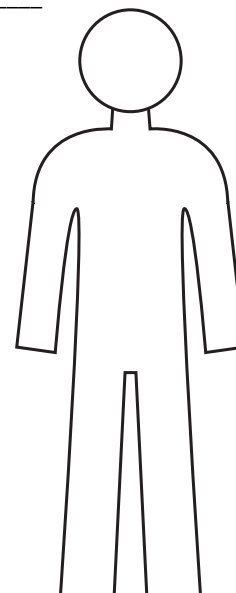
Location: (Describe exact location)

Building name: _____ Room Number: _____

Grounds Location: _____

Off Campus Location: _____

Circumstances: (describe what happened before, during and after the incident and mark the area where injury occurred)



What conditions contributed to the incident if not mentioned above?

Name of Medical Facility where transported: _____ by whom? _____

If Person was not transported what was done? _____

Signature of ill or injured, if possible: _____ Date: _____

Signature of person completing the form: _____ Date: _____

Department: _____ Phone: _____

Witnesses: (name, address, phone number, email)

Are there any other persons who may have information regarding this incident not listed above? Yes ___ No ___

If yes, provide Name _____ Address _____ Phone _____