

# UTMB Student Accident and Injury Report Form

**DO NOT USE THIS FORM TO REPORT EXPOSURES TO BLOODBORNE PATHOGENS**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Last                      First                      MI

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Pager or cell phone #: \_\_\_\_\_

School: \_\_\_\_\_ Program: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Time of injury: \_\_\_\_\_  AM  PM

Injury location: \_\_\_\_\_

Building                      Floor                      Room Number

**Brief description of what happened:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Body Part Effectuated

X	Mark Appropriately	X	Mark Appropriately	R	L
	Head		Eye		
	Face		Shoulder		
	Neck		Arm		
	Chest		Hand		
	Stomach		Finger		
	Back (lower)		Leg		
	Back (upper)		Knee		
			Ankle		
			Foot		
			Toe		

Item or equipment involved in accident or injury: \_\_\_\_\_

Witnesses (name & title): \_\_\_\_\_

### INFORMATION RELEASE

By signing this report form, I understand that I am giving my authorization to UTMB and Student Wellness' designated medical records custodians or database custodians to use and/or disclose my protected health information for the purpose of reviewing the accident/injury reported on this form for determining necessity of medical care and possible reimbursement by third party payers.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to Student Wellness route 0169.  
 Call 409-747-9320 with any questions.**