**Illness/Injury Report Form Case #**

1. ETSU colleges and departments are required to complete this form for incidents (i.e. minor injuries involving first aid, near miss events, etc.) involving employees, students and guests when Public Safety is not called. The report must then be faxed to Public Safety (423-439-5805) OR [dispatch@etsu.edu](mailto:dispatch@etsu.edu) within 24 hours of the event.
2. Only ETSU Police is required to scan all the completed forms and send to listserv: [injuryreports@listserv.etsu.edu](mailto:injuryreports@listserv.etsu.edu)
3. Employees who have received a work-related illness or injury must contact Corvel (State of Tennessee Workers' Compensation Program) at (866) 245-8588 with their immediate Supervisor prior to seeking medical treatment unless the illness/injury is life-threatening. For more information regarding Worker's Compensation, please contact Human Resources or click the link [http://www.etsu.edu/safety/occupational/accidents.php](http://www.etsu.edu/safety/occupati)

# Person Injured

Name of person injured: Today’s Date: Time of report: AM/PM

Employee Student Guest Volunteer E#:

Phone Number: Date of Birth: Male Female

Race: White Black Asian American Indian/Alaska Native Indian Other Full Address (CITY, STATE, ZIP):

Date of Injury/Incident: Time of Injury/Incident: AM/PM

Was injured person transported to the Emergency Room? YES/NO BY EMS YES/NO

Full address (City, State, Zip) of incident (Room #, Building, Floor, etc.). Take photos if necessary:

Weather conditions (if outside):

Lighting conditions: \_

Footwear of injured:

Alcohol use involved: YES/NO Illegal drug use involved: YES/NO

# Witness Information

Name of witness: E#:

Employee Student Guest Volunteer Phone: Male Female

Race: White Black Asian American Indian/Alaska Native Indian Other

# Person Reporting Information

Same as person injured:

Name of person reporting: Today’s Date: Time of report: AM/PM

Employee Student Guest Volunteer E#:

Phone Number: Date of Birth: Male Female

Race: White Black Asian American Indian/Alaska Native Indian Other Full Address (CITY, STATE, ZIP):

# Narrative

Summary of how the incident occurred:

What was the injury or illness? *Explain what body part was affected and how it was affected*. Be specific:



*Circle the affected area.*

What was the victim doing just prior to the incident? *Describe the activity*:

Other Comments:

# ETSU employee completing this incident report:

Name: Signature:

E#: Email: Phone: Date: