

**MARYWOOD UNIVERSITY ACCIDENT REPORT FORM**

Complete and return (1) copy to Student Health Services and (1) copy to the Business Office

DATE OF REPORT: \_\_\_\_\_ TIME: \_\_\_\_\_ DATE OF ACCIDENT: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ UNIVERSITY STATUS \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLACE OF ACCIDENT:  
(ON CAMPUS) \_\_\_\_\_ SPECIFY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OFF CAMPUS) \_\_\_\_\_ SPECIFY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPORTS RELATED: YES NO SPECIFY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT DESCRIPTION - INJURIES SUSTAINED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESS: \_\_\_\_\_

NAME ADDRESS PHONE

FIRST AID PROVIDED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BY WHOM: \_\_\_\_\_

REFERRAL TO: HEALTH SERVICES, EMERGENCY ROOM, PHYSICIAN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NAME/TITLE OF PERSON COMPLETING REPORT