

BRIGHAM YOUNG UNIVERSITY

GENERAL-INJURY REPORT for Departments

Do not use for Workers' Compensation or Sickness

THIS REPORT DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY BY BYU

Name of Injured Person (Please print):	BYU Net ID:	Age:	Date of Injury: / / 201
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Program Involved:
 EFY Sport Camp BYU Performance Group Field Trip Classroom/Lab Other:

Status of Injured Person:
 Student Visitor/Guest Volunteer BYU Employee (but off-clock at time of injury) Other:

Location/Address of Accident:

If injured person is a minor, put parent contact information here:

Name: Address:

Phone Numbers: Cell: Home: Work:

Current Address of Injured Person:

Other Address:

Phone Numbers: Cell: Home: Work:

Type of Activity:	Supervisor:	Supervisor Email:
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How did injury happen?	Department:
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Describe Injury (Be specific as to type, location on body, severity):

Witness Name:	Phone Number:
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Witness Name:	Phone Number:
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Name of Person Filling Out Form (print):	Phone Number:
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Date Form Filled Out: / / 201__	Injury Update (if any):
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