

File Number: _____

**EAST TENNESSEE STATE UNIVERSITY
SUPPLEMENTAL RECORD OF ILLNESS/INJURY**

STUDENT STAFF FACULTY VISITOR (circle one)

Name: _____ SSAN: _____

Home Address: _____

Campus Address: (if applicable): _____

Age: _____ Sex: _____

Date of illness or injury: _____

Place of accident or exposure:

Description of What Happened (be specific):

Nature of injury or illness and Body Parts Affected:

Date: _____ Signature: _____

Title: _____

cc: Dr. Andrews
Dr. Bader
Harry Steele
Patsy Leach
Pete Gregg