



EAST TENNESSEE STATE UNIVERSITY

Illness/Injury Report Form

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) within 24 hours of the event.
2. Public Safety is required to scan all the completed forms and send to listserv: 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>

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: _____