



East Carolina University

Student Statement of Injury

This form must be completed in full by injured students, and submitted to EH&S, 211 South Jarvis St., Suite 102 as soon as possible or at least within 72 hours of the accident. All injuries must be reported immediately to your instructor and the Environmental Health and Safety Office at 328-6166.

Student Name:		Banner ID:
Department:		Location Injury Occurred (Building and Room Number)
Date and Time of Injury:	Date Injury Reported to Instructor:	Name of Instructor:
List all injuries and specify body part involved (e.g. cut on right hand):		
Detailed Description of Accident (Describe fully how injury occurred and what student was doing when injured):		
Cause of Accident:		
Name(s) of Other Injured Person(s):		
Names of All Witnesses:		
Was student treated by a physician? If yes, provide physician information.		
I understand the information above will be used to help determine liability for injury. I acknowledge that the above statement is a true and accurate representation of the requested information, and providing any false information may be considered a fraudulent act for which I may be prosecuted.		
Student Signature		Date