

Smith College Student Accident Reporting Form

The College's Safety Committee asks all students who are injured on campus or during College-related activities to complete this questionnaire. Part-time students, students in summer or special programs, graduate students and students from other colleges who are taking courses, conducting research, or participating in a Smith College activity should also complete this form. NOTE: Students injured while working as an employee of Smith College should contact their supervisor and complete the "Report of Job-Related Accident" form.

This information will be used to assess accident prevention programs at Smith. When you have completed the upper section of the form, please give it to the health care provider or faculty member for their comments. This form should be completed within 24 hours after the accident—it is most helpful when received then-- but will be accepted after that time.

Name: _____ Class: _____ Age: _____ Sex: _____

ID #: _____ Cellphone#/Email: _____

Date of Injury: _____ Time: _____ AM PM (Circle one)

Supervisor or Instructor: _____

Location (Building, room number if applicable) _____

What activity were you engaged in _____

Describe how the accident occurred _____

Nature and extent of the injury _____

Where was treatment received: ___ Health Services ___ Cooley Dickinson ___ Other

How did you get there? ___ Public Safety ___ Walked ___ Other

Do you have any suggestions to prevent similar accidents: _____

Student Signature _____ Date _____

Faculty/Care Provider comments and suggestions for preventing recurrence of this accident _____

Signature _____

Name(print) _____ Date _____

Disposition (Action Taken): _____

_____ Date _____

Return to: Margaret Rakas, Clark Science Center mrakas@email.smith.edu