



LAMAR UNIVERSITY
EHS & Risk Management Student/Visitor Incident Report
For Visitors and Students (*in non-work related injuries*)

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge.

If you are a student or a visitor (involved in a non-work related injury), complete this form and FAX it to the EHS & Risk Management at **409-880-7977** or e-mail this form to riskmanagement_ehs@lamar.edu

1. Status: Student Visitor	2. Date of injury/illness: (M/D/YY)	3. Time of injury/illness: AM PM
4. Name: (Last, First, MI)		
5. Address:	a. Home Telephone#:	b. Work Telephone#:
6. Will medical attention be required for this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Address or location where injury or exposure occurred. Bldg # _____ or Street: _____ City: _____ State: _____ Zip: _____ County: _____		
8. Specific location where injury or exposure occurred (e.g., stairs, dock, lab):		
9. Nature of injury/illness (e.g., cut, sprain, illness):		
10. Body part involved (e.g., left arm, right eye):		
11. Cause of injury/illness (e.g., slip or fall, chemical, etc.):		
12. How and why did this injury/illness occur?		
13. Doctor's Name, Address, & Telephone number		
14. List of witnesses and statements: (Use additional sheet(s) if necessary)		
15. Contact information (if filled out by other than the injured party)		Date sent to EHSRM:
Name: _____	Telephone#: _____	E-mail: _____