

**OUHSC STUDENT HEALTH SERVICES**

**STUDENT REPORT OF INJURY ON THE JOB**

Students Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

College Program: \_\_\_\_\_ Grad. Year: \_\_\_\_\_

SS#/College ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Exposure/Injury: \_\_\_\_\_ Time: \_\_\_\_\_

Location Exposure/Injury Occurred at: \_\_\_\_\_

Brief description of exposure/injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date