

Augusta University Student Health Service Student Injury Report

If you are a student on the health sciences campus and your injury involves a patient (exposure to blood borne pathogens), please do not complete this form—please complete the form for blood borne pathogen exposure.

Student's Name: _____

Date of Birth: _____ Cell phone #: _____

Campus, choose one:

Summerville, major: _____

Health Sciences, School: _____

Date of Injury: _____ Time of Injury: _____

Site of injury (check one and provide location—building, area of campus, etc.):

Summerville Campus, location: _____

Health Sciences Campus, location: _____

Other, location: _____

Anatomical site of your injury (left hand/finger, etc): _____

Please describe what happened: _____

Did your injury require medical attention: Yes No

Student: Please keep a copy of your report and submit the original to Student Health, attention Becky Herzberg. Please call 706-721-1404 or email rherzberg@augusta.edu for questions. Thank you.