

UCD Student's Report of Injury or Illness – Animal Science

University Policy requires that industrial injury/illness be reported within one working day of occurrence. This form must be filled out in its entirety and sent to the Department Safety Coordinator, within one working day of notice of injury. Students who are also employees may need to fill out the Workers' Compensation form instead of this one.

Student Data:

Name _____ Home Phone (____) _____

Address _____ City/State/Zip _____

Student I.D. Number _____ Sex: M _____ F _____ Birthdate _____

Supervisor's Name _____ Supervisor's Phone () _____

Student usually spends _____ hrs/wk in the lab/facility/class Work Phone (____) _____

Designation of class _____ Room number of lab/ name of facility_____

Injury Data:

Date of Injury/Illness _____ Time of Injury _____ Time began work/class _____

Supervisor notified of Injury/Illness on _____ Form provided on _____

Unable to work for at least one full day after injury date? Yes No

Date last worked _____ Date returned to work/class_____

Student Statement:

Describe the Injury/Illness _____

Describe how it occurred _____

Specific activity you were performing _____

Describe where it occurred _____

Have you been treated by a Physician for this Injury/Illness? Yes No
If Yes, names, addresses, & phone numbers of attending physicians _____

Student's Signature _____ Date _____

Supervisor's Statement:

Describe the circumstances of the injury in detail

If you feel student's condition is not related to his work in your lab/facility/class, please explain & provide any evidence you have to support this _____

What steps have you taken, or will you take, to prevent similar injury/illness?

Supervisor's signature _____ Date _____