**Brigham Young University**

**GENERAL INJURY REPORT for Departments**

**THIS REPORT DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY BY BYU**

*Do not use for Workers’ Compensation or Sickness*

<table>
<thead>
<tr>
<th>Name of Injured Person:</th>
<th>BYUID#:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Injury:</td>
<td>Location of Incident:</td>
<td></td>
</tr>
</tbody>
</table>

- **Program Involved:**
  - ☐ Sports Camp
  - ☐ BYU Performance
  - ☐ Field Trip
  - ☐ Classroom/Lab
  - ☐ Intramurals
  - ☐ Other (Please specify): ____________

| Status of Injured Person: | ☐ Student
- ☐ Visitor/Guest
- ☐ Volunteer
- ☐ BYU Employee (off-clock)
- ☐ Other (Please specify): ____________ |

**Contact Information of Injured Person**

- **Current Address:**
- **Phone:** ____________
- **Email:** ____________

**If Injured Person is a Minor, Include Parent/Guardian Information**

- **Name:** ____________
- **Address:** ____________
- **Phone:** ____________
- **Email:** ____________

**Injury Information (Please be specific)**

- **Type of Activity:** ____________
- **Supervisor:** ____________
- **Supervisor Email:** ____________
- **Department:** ____________

<table>
<thead>
<tr>
<th>How did the injury happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________________________________________________</td>
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<tr>
<td>____________________________________________________________________</td>
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<tr>
<td>____________________________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe the injury and immediate treatment of the injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________________________________________________</td>
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<tr>
<td>____________________________________________________________________</td>
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<tr>
<td>____________________________________________________________________</td>
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</tbody>
</table>

**Follow-Up Information**

- **Witness Name:** ____________
- **Phone:** ____________
- **Phone:** ____________

- **Name of Person Filling Out Form:** ____________
- **Phone:** ____________

<table>
<thead>
<tr>
<th>Date Form Filled Out:</th>
<th>Required Follow-Up (if any):</th>
</tr>
</thead>
</table>