Non-Employee Injury Report

To be completed within 24 hours and sent to the Office of Human Resources and/or Environmental Health and Safety Officer. Note: if this form is completed online (Ozone, under Injury Reporting), HR and EH&S will receive notification automatically.

REPORT ALL INJURIES REQUIRING HOSPITALIZATION to the Environmental Health & Safety Officer @ 614-561-8317 or the Human Resources Director @ 614-823-1130 within 8 hours. All other injuries need to be reported within 24 hours.

Name: ____________________________  ☐ Student  ☐ Visitor/Contractor  ☐ Public Rider

Student ID: ___________  Phone: __________________  Residence Hall ________________

Address __________________________ City __________________________ State _____ Zip _______

Date of Birth: ____/____/______  Sex: ☐ Male  ☐ Female

Date of Incident: ____/____/______  Time of Incident: ____: ___  ☐ AM / ☐ PM

Name of Health Insurance Provider: __________________________________________________

Detailed description of incident and action taken (apparent cause, body part injured, location and offsite activity if applicable).

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If Applicable

Name of Horse involved (if any): __________________________ Is this an Otterbein Horse? YES ☐ NO

Location of Incident: ☐ Indoor arena  ☐ Outdoor arena  ☐ Cross Country Field  ☐ Barn

☐ Other ________________________________________________________________________________

Supervisor in charge of activity: __________________________________________________________

Witnesses: ____________________________________________________________________________

Were you disobeying any rules or regulations at the time of accident? ☐ YES  ☐ NO

Do you need medical attention? ☐ YES  ☐ NO  Describe any treatment given: ______________________

Did you ACCEPT or DECLINE emergency medical treatment?

The Student Blanket Accident Plan is on the reverse side. Please initial that you’ve seen it __________

Contact the Student Health Center to file a claim.
