ASSOCIATED STUDENTS
SAN DIEGO STATE UNIVERSITY

NON-EMPLOYEE INJURY/ILLNESS REPORT

This form is to be completed when a non-employee incurs an injury/illness at an A.S. event or within an A.S. facility. Please forward completed form to Contracts & Risk Management Coordinator.

Section 1 – Non-Employee Information Department _____

Name _____ ☐ Male ☐ Female

Full Address _____ Phone _____

E-mail address _____ Date of Birth _____

☐ Student ☐ Faculty/Staff ☐ Minor ☐ Other _____

Date of Injury _____ Time _____ ☐ AM ☐ PM

Activity/Program_____

Location where event/exposure occurred_____

Section 2 – Description of Injury/Illness *(Describe specific injury and part of body affected; include visual description of injury/illness. Only include a diagnosis if a medical professional has provided.)*

Section 3 – How did the injury occur? *(Describe events, actions, conditions that resulted in injury Describe sequence of events. Specify object or exposure which directly produced the injury/illness. Provide only factual accounts and/or observations.)*

NON-EMPLOYEE INJURY REPORT (Cont.)

Section 4 – Action Taken

Emergency Services Called ☐ Yes ☐ No Time Called _____ Time Arrived _____

Transported Hospital/Medical Facility ☐ Yes ☐ No Where _____

First Aid/Medical Treatment ☐ Yes ☐ No Type _____

Administered by (name & title) _____

Medical Treatment Refused ☐ Yes ☐ No Offered by (name & title) _____

Care of Injured Transferred to: Name _____ Relationship _____

Section 5 – Witnesses *(if applicable – Please list witness contact information below. Should witnesses be able to provide a written statement, please attach on a separate page. No form or special format required.)*

Employee Witnesses	**Non-Employee Witnesses** *(if applicable)*
Name _____	Name (First & Last) _____
Title _____	Phone Number _____
Name _____	Name (First & Last) _____
Title _____	Phone Number _____

Section 6 – Special Remarks *(If applicable, provide additional information regarding the injury/illness that you believe is important.)*

Section 7 – Follow Up *(This section is to be completed by the Supervisor and/or Director/Assistant Director.)*

Prepared by _____ Title _____ Date _____

Once completed, submit the form to your supervisor for review and processing.

Supervisory review by _____ Title _____ Date _____

Director/Assistant Director review _____ Date _____

Please send completed form to Contracts & Risk Management Coordinator.