



Student Injury Report

Please return completed Injury Report to BCIT_firstaid@bcit.ca

If you need assistance completing this form, please contact Burnaby First Aid office in NE 16 (West side of building) or by calling 604 432 8872.

Last Name	First Name	Middle initial	Student Number A0
Address		City	Province
Postal Code	Home/Cell phone number		School/Program/Department
Birth Date (yyyy/mm/dd)		Incident Date (yyy/mm/dd)	
Time AM <input type="radio"/> PM <input type="radio"/>		Date Reported (yyyy/mm/dd)	
Time AM <input type="radio"/> PM <input type="radio"/>		Person reported to	
Name of Supervisor/BCIT Instructor		Describe the Incident location (Address) (eg. Hospital, shop, lunchroom, parking lot)	
Describe the Incident			
Describe the Injury (what part of the body)			
In your Opinion is there anyway this incident could have been prevented?			
Was protective equipment used? Yes <input type="radio"/> No <input type="radio"/>		Witnesses? Please List	
If so, list			
Did you receive First Aid? Yes <input type="radio"/> No <input type="radio"/>		Date of First Aid (yyyy/mm/dd)	Name of First Aid Attendant
Did you go to a Hospital, Clinic, or see a Physician? Yes <input type="radio"/> No <input type="radio"/>		Date (yyyy/mm/dd)	Name of Physician Or Provider
Before this incident are you aware of any recent pain or disability In the area of your report injury? Yes <input type="radio"/> No <input type="radio"/>		Explain.	



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Last Name	First Name	Student Number A0
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Additional Information