



Student Injury Report

Please return completed Injury Report to BCIT_firstaid@bcit.ca

If you need assistance completing this form, please contact the Burnaby First Aid office in NE16 (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 (yyyy-mm-dd)	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Date Reported (yyyy-mm-dd)	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>
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Person reported to	Name of Supervisor/BCIT Instructor
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Describe the Incident location (Address) (e.g. Hospital, shop, lunchroom, parking lot)

Describe the Incident

Describe the Injury (what part of the body)

Was protective equipment used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Witnesses? Please List
If so, list?		

Did you receive First Aid	Date of First Aid (yyyy-mm-dd)	Name of First Aid Attendant
Yes <input type="checkbox"/> No <input type="checkbox"/>		

Did you go to the hospital, clinic, Or see a Physician?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date (yyyy-mm-dd)	Name of Physician or Provider
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Before this incident are you aware of any recent pain or disability in the area of your reported injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Explain
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Additional Information