

**SUNY-ESF INJURY/ILLNESS REPORT**

*Check applicable category then complete form below:*

**EMPLOYEE** (injury/illness related to employment as checked below)

UUP, CSEA, Council 82-represented or Management/Confidential *complete this form, and call 1-888-800-0029 to report an injury and/or illness*

STATE **STUDENT EMPLOYEE** (Graduate Assistant, Work-Study, Student Assistant) *complete this form, and call 1-888-800-0029 to report an injury and/or illness*

RESEARCH FOUNDATION EMPLOYEE

RESEARCH FOUNDATION **STUDENT EMPLOYEE** (Research Project Assistant, Research Aide, Senior Research Aide)

**OTHER** Official Volunteer or other (specify) \_\_\_\_\_

**Employees/Others- Complete this form for any work related injury/illness and forward to Human Resources, 216 Bray Hall. State Employees call 1-888-800-0029 to report an injury and/or illness**

**STUDENT** (injury/illness not related to employment)

**Students-complete this form and forward to Environmental Health & Safety, 19 Bray Hall.**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address (Street, P.O. Box, City, State, Zip) \_\_\_\_\_

Home telephone (        ) \_\_\_\_\_ Date of birth \_\_\_\_\_

***If injury:***

Date and time injury occurred \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_am \_\_\_\_ pm

Place of injury \_\_\_\_\_

***If illness:***

Date of exposure or symptoms \_\_\_\_/\_\_\_\_/\_\_\_\_

Statement of how accident or exposure occurred; describe fully what happened, how it happened, body part(s) affected, and equipment or material in use at the time; use back of form if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) and location(s) of any witnesses; attach statement(s) if available

\_\_\_\_\_

Was medical attention required? YES NO If Yes, name and address of medical provider

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***If injury/illness is related to employment:***

Unit where employed \_\_\_\_\_ Location \_\_\_\_\_

