



THE UNIVERSITY OF TEXAS AT DALLAS

ACCIDENT RECORD

STUDENT HEALTH SERVICE

STUDENT _____ FACULTY _____ STAFF _____ VISITOR _____
DATE _____

NAME _____ SOCIAL SECURITY# _____

ADDRESS _____ PHONE# _____

DATE OF INJURY _____ DATE OF EXAM _____
TIME OF INJURY _____ HOUR OF EXAM _____
PLACE OF INJURY _____ HOUR OF DISCHARGE _____
TYPE OF INJURY _____ MODE OF DISCHARGE _____

TREATMENT _____

SENT TO ER. YES _____ NO _____
Signature of Health Service Personnel

White - Student Health Service
Blue - Chief-Campus Police
Green - V.P. of Admin. & Student Affairs
Canary - Safety Officer
Pink - Dir. Sports & Recreation
Goldensrod - Patient