



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