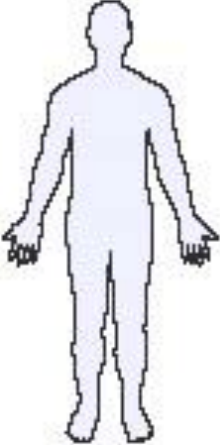


St. Olaf College Department of Theatre

General Injury Report

Injured Person's Name		ID #	Date of Birth	Today's Date
Campus Address			Campus Phone	
Home Address			Home Phone	
City	State	Zip	Time of Accident AM PM	
Full Description of the accident including specific location and activity involved in at the time of the incident. (Use the back of this sheet if additional space is needed.)			Please circle specific body part injured. Right Left	
				
Injuries	Describe full extent of injuries, no matter how minor.			
I certify that the information in this report is a complete and accurate description of the incident.				
Witnesses	Name(s)		Campus Address	Campus Phone
Follow Up	Follow up Information			Follow Up Date
	Further Follow-up Recommended yes / no If so, what?			
Injured Person's Signature			Date	
Signature of Person Completing Forms			Date	