

7. Did the injury / incident occur on the campus? If not, specify the off-site location where the injury occurred. (Please describe the exact location)

8. Was the student sent home because of the injury / incident? Yes _____ No _____

9. Was more than one student injured or involved: Yes _____ No _____ If yes, how many? _____

10. Did the injury / incident involve alleged abuse/neglect? Yes _____ No _____

11. **Corrective Actions** What follow up actions were taken, or changes made in the program, its environment, or operation to prevent a reoccurrence? (Please describe specific changes) If no changes were made, please explain why not.

12. Details of Injury Please check all that apply.

a. What body part(s) were injured?

Head/Skull _____ Face _____ Neck _____ Arm _____ Hand _____

Back _____ Abdomen _____ Leg _____ Ankle _____ Foot _____

Other, please specify. _____

b. How did the injury occur?

Falling _____ Collision with person or object _____

Struck by another person or object _____ Drowning or near drowning _____

Bite or sting _____ Cut _____ Burn _____

Other, please specify. _____

c. Where was the injured person treated?

Treated by campus nursing staff _____

Treated in hospital Emergency Room, Physician's Office _____

Admitted to Hospital _____

Other, please specify. _____

Submitting the Form The completed form should be sent by email to Zehra Schneider Graham at zehra@umb.edu. If you have questions call Zehra at (617) 293-6840