

California State University, Long Beach
Department of Dance

REPORT OF INJURY

Name of Injured	Date of Injury
Time of Injury	Place of Injury (Facility)
Signature of Instructor	Person Making Report

1. When did the accident occur?

- During regular class time?
- During scheduled rehearsals?
- During free rehearsals?
- During department concert?
- Other: _____

2. **How did the accident occur** (explain briefly how the accident occurred)?

3. **Was any equipment involved:** _____

4. **Nature of Injury** (describe the extent of injury including part of the body involved):

5. **Remarks of Witness** (this statement should be made in case of serious injury, by someone other than the instructor of the class):

6. **Was student referred to Health Center?** Yes No

Comments: _____

Signature of Witness

Signature of Witness

Reviewed: _____

Chair, Department of Dance