

STUDENT

- Ensure they receive medical attention
- Call **911** to summons Rural Metro or UT Police at **974-3114** if the accident is serious. An ambulance will be dispatched to transport the injured student to a hospital
- For non-serious injuries or illness the student can be treated at or by:
 - a. Student Health Mon.-Fri., 8AM and 4:30PM except Wed., which is 9AM to 4:30PM.
 - b. UT Medical Center Emergency Room.
 - c. Their medical provider.

The injured/ill student may be transported by self, acquaintance, or ambulance.

A Report of Occurrence form should be completed and submitted to the Risk Management Office (865-974-5409) form can be found at <http://riskmanagement.tennessee.edu>

Information on Student Health Insurance can be found by contacting Student Health at 865-974-3135 or the website: <http://studenthealth.utk.edu/insrec studentinsurance.php>



**THE UNIVERSITY OF TENNESSEE
REPORT OF AN OCCURRENCE***

Not to be used for healthcare incidents, automobile accidents, or worker's compensation claim reporting

Entered _____
PF _____
CF _____

Space Reserved for Risk Mgmt.

	(Campus or Facility)	(Date of Occurrence)	(Time of Occurrence)	(Date of Report)
	Type of Occurrence You must select at least one below:			
Exact Location of Occurrence	<input type="checkbox"/> Injury <input type="checkbox"/> Property <input type="checkbox"/> Security <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Other (Explain) _____			
Description of Occurrence (Use Separate Page if Necessary)				
Persons Injured:				
(Name)	Relationship	(Street Address, City, State, Zip)	(Telephone)	(Email Address)
Complete if Injury and/or Property Damage	Medical Treatment Required : <input type="checkbox"/> No <input type="checkbox"/> Yes Where			
	Property Damaged (Description – Damage):			
Other Information	Occurrence Reported to: <input type="checkbox"/> UT Campus Police <input type="checkbox"/> Local Police <input type="checkbox"/> Other			
	Other Comments:			

COMPLETING THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT MEAN A CLAIM HAS BEEN FILED. TO FILE A CLAIM, CONTACT THE UT OFFICE OF RISK MANAGEMENT AT 865-974-5409. THANK YOU.

	Address	Telephone	Email Address
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*Occurrence: The event or condition that could or did cause injury or property damage.