

Complete for any non-paid student using lab for teaching or research.

UNIVERSITY OF NOTRE DAME

SUPERVISOR'S REPORT OF AN INJURY TO THE HEALTH CENTER

This is to certify that _____
Name of Student

from the Radiation Laboratory is being referred to the
University Health Services (in St.Liam's Hall)
for the evaluation and treatment of an injury that occurred on

____/____/____ at _____am pm

Describe briefly how and where the injury occurred:

Authorized By _____

At _____am pm on ____/____/____.

Form accompanies student at University Health Services (in St. Liam's Hall)