

Utah Department of Health & Human Services

REDCap® Student Injury Report System

In 1984, the Child Injury Prevention Program and the Utah State Office of Education initiated a unified Student Injury Reporting (SIR) system for Utah's public schools. This is a voluntary reporting system in which all 40 of Utah's school districts currently participate. The SIR form is completed by school personnel whenever a student injury occurs which meets the established criteria, which are: 1) an injury serious enough to cause the student to miss one-half day or more of school; or 2) an injury that caused the student to be seen by a health care provider.

The goal of the Student Injury Reporting program is to gather accurate data which will help combat common injury problems in the schools. This is accomplished through collection of injury data from Utah schools to identify causes and patterns and by assessing the data in order to target the causes and develop preventions. Utah is one of the few states that has a Student Injury Reporting System.

The form was developed collaboratively by VIPP and the Utah State Office of Education. The Utah Department of Health and Human Services completes the data analysis and generates statewide injury data reports.

Why Report?

The Student Injury Reporting System (SIRS) helps to identify where, when, how and why students get hurt at school. By using this information, education officials can pinpoint risk factors at individual schools and develop safety guidelines and prevention programs which can minimize the physical and financial impact of injury on the individual, family, school, and community.

What is Reportable?

A reportable school injury is defined as one that causes the student to miss ½ day or more of school, or is serious enough to require treatment by a health care professional (i.e. school nurse, MD, EMT, etc.). This includes injuries that happen while going to or from school, during all school-related activities and anywhere on school property during normal school hours.

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If at any time you have questions or concerns regarding entering or editing a report, please feel free to reach to me @ 385-267-6528 or studentinjury@utah.gov.

Step 1:

Create a UtahID at <https://id.utah.gov>. Instructions on how to create one and a short video tutorial can be found here: <https://idhelp.utah.gov/account-creation.html>. A verification email will be sent.

Please note that using the user's professional email address is the preferred method or a cell phone number (sometimes the email can take a while to send the code, if you have questions please reach out to the Project Owner, listed below). If they opt to use a personal email account, a justification note is required from Project Owners stating the reasons for doing so.

Multi-Factor Authentication (MFA) will be required for all new UtahID public user accounts. New users will have the option to have the MFA code sent by email or SMS text message. Please note, when a user first registers, the only option available will be email since that is the available method listed on the account until the user adds a mobile phone number to their profile in <https://id.utah.gov>.

Open the verification email and enter the code into the field provided on the UtahID creation webpage.

Finish setting up UtahID after numerical code is entered.

Email Vanonda Kern, Project Owner (studentinjury@utah.gov) letting them know you have created a UtahID. The Project Owner will reply to your email to let you know you can move on. **You will not be able to access REDCap to create an account until you are notified by the Project Owner.**

Step 2:

Fill out the Administrative Form <https://pubredcap.health.utah.gov/surveys/?s=4YH4EWA3PRKKKM83>. The form will be received by the Project Owner and information from the form will be reviewed and entered in for REDCap approval.

Udhhs Administrative Form

Please complete the survey below.

Thank you!

Why Report?

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Utah ID information

Instructions for how to sign up for a Utah ID

Attachment: EXTERNAL USERS REDCap.pdf (0.06 MB)

Have you created a Utah ID? Yes No reset

Utah ID Username

Email used to sign up for Utah ID:

User information:

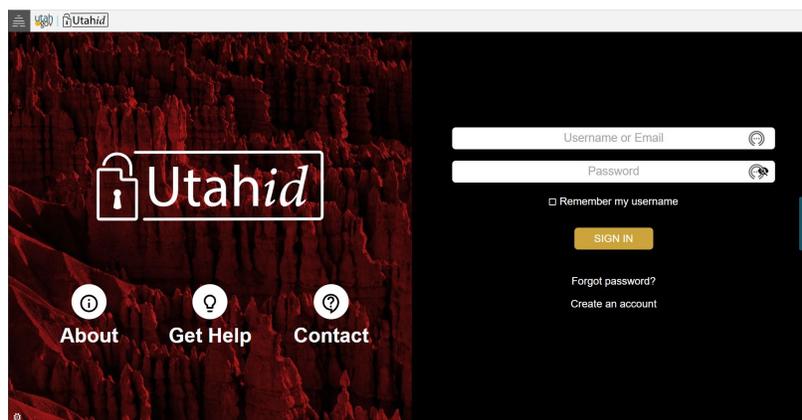
Name:

Email:

Step 3:

After creating a UtahID and filling out the Administrative Form and it is approved, you will receive an email to create a REDCap account. You will go to <https://pubredcap.health.utah.gov/> to create your account. Once your account is created you will get an confirmation email that your account has been created.

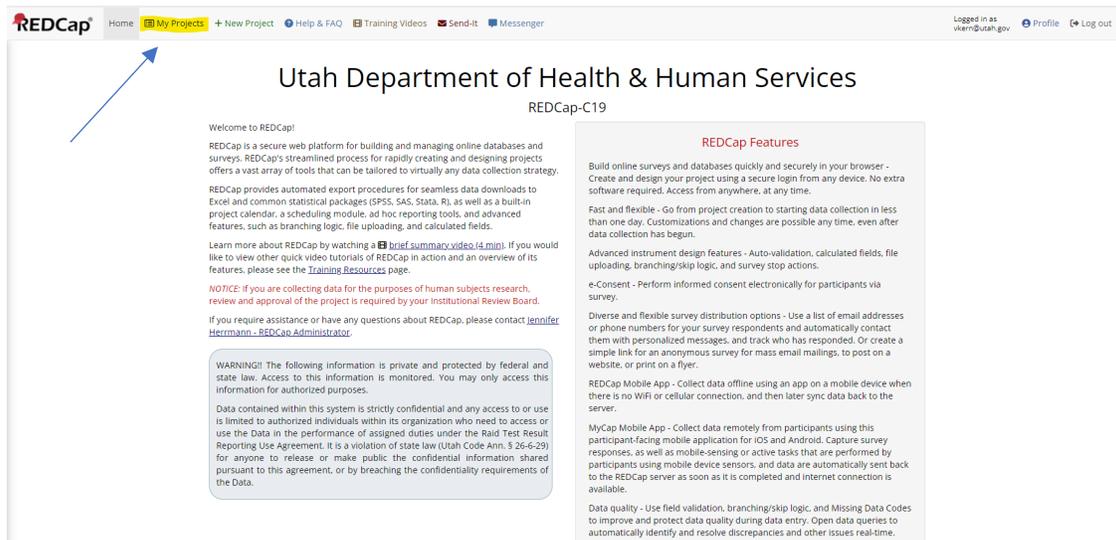
Please make sure that you are logged in with your UtahID at <https://id.utah.gov>. Once you are logged in with your UtahID, open a second browser and go to <https://pubredcap.health.utah.gov/>.



Step 4:

Entering a New Injury Report

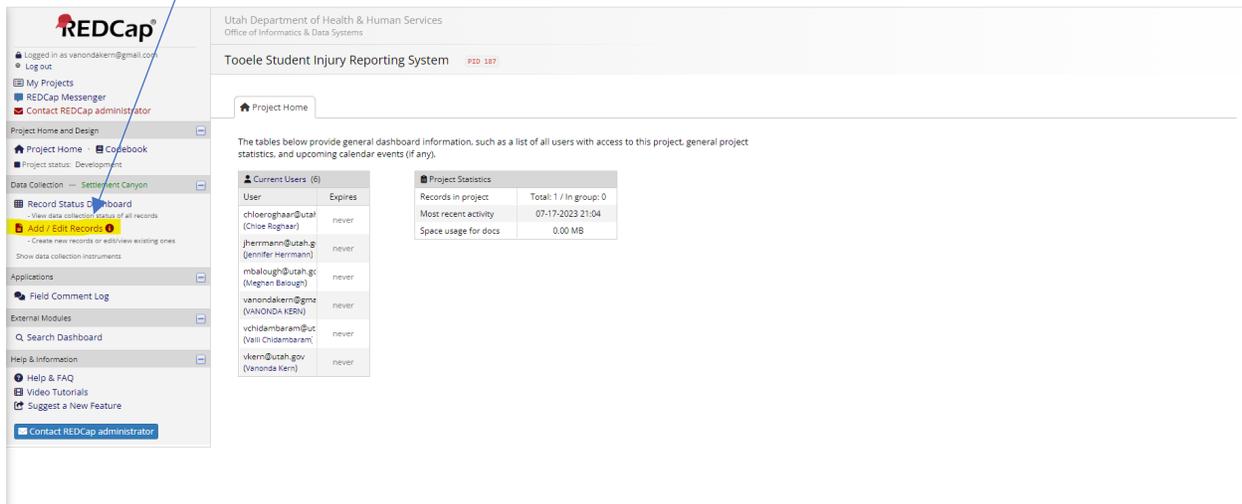
Once you have created a REDCap account you will log in to "My Projects". (top left of page)



You will have your assigned school Districts.



You click on the school district, you should see the following screen. To add new report click on "Add/Edit Records"



Click on "Add new record"

Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: 58

Choose an existing Record ID

-- select record --

+ Add new record

Data Search

Choose a field to search
(excludes multiple choice fields)

All fields

Search query

Begin typing to search the project data, then click an item in the list to navigate to that record.

This will bring you to the report. Please make sure to fill out everything needed for the report. The first couple of fields are required to submit the report. Please make sure to "Save & Exit form" after each student. If you are adding a new report to an EXISTING report, see Step 6.

Actions: [Download PDF of instrument\(s\)](#) [Video: Basic data entry](#)

Student Injury Form

Adding new Record ID 4998-1.

Record ID: 4998-1

Administrative Information

Your Name * must provide value

Best phone number to reach you * must provide value

Best email to reach you * must provide value

School Title
Please select what title best fits your job title at your school/ organization

- Advisor/Counselor
- Assistant Principal
- Bus Driver
- Coach
- Paramedics/EMT
- Playground Supervisor
- Principal
- School Nurse
- Secretary/Office Aid
- Substitute Teacher
- Teacher (excluding Coach)
- Teacher's / Playground Aid
- Other
- Trainer
- Health Clerk

School administrator signature
(Only if required by your school district) [Add signature](#) reset

The next section is the student information. NOTE...If you get an "duplicate error" when you enter in the student ID, please see Step 5 & 6. The student already has already had a report.

STUDENT INFORMATION

Student ID#

Student's First Name:

Student Last Name

Parent First Name

Parent Last Name

Student Date of Birth M-D-Y

Student Gender male female other reset

If "other" please list below

School

School Type

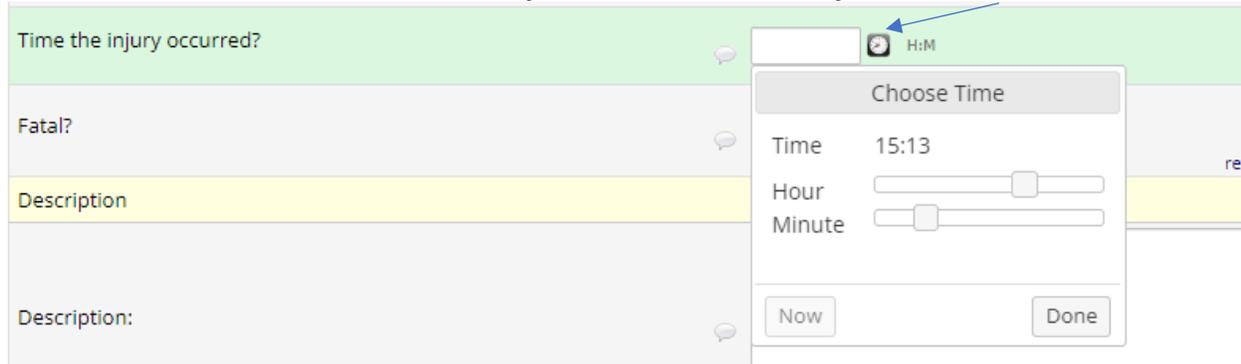
Grade

Date that the injury occurred? M-D-Y

Time the injury occurred? H:M

Fatal? no yes reset

You will notice the time is a slider in military time. To enter the time just click on the clock icon.



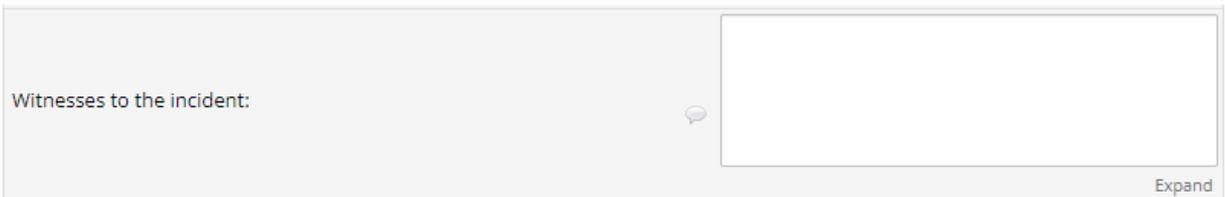
The screenshot shows a portion of a REDCap form. The first field is "Time the injury occurred?" with a clock icon and "H:M" text. A blue arrow points to the clock icon. A modal window titled "Choose Time" is open, showing "Time 15:13", "Hour" and "Minute" sliders, and "Now" and "Done" buttons. Below this is the "Fatal?" field. The "Description" field is highlighted in yellow and contains the text "Description:". The "Expand" button is visible at the bottom right of the description field.

Fill out the Description of the injury.



The screenshot shows the "Description" field in the form, which is highlighted in yellow. The label "Description:" is followed by a large empty text area. The "Expand" button is located at the bottom right of the text area.

If there are witnesses to the incident please make sure to list them here. In some cases, there might not be any witnesses you can leave it blank.



The screenshot shows the "Witnesses to the incident:" field in the form. It consists of a label followed by a large empty text area. The "Expand" button is located at the bottom right of the text area.

Primary injury, please click on the affected area of body and nature of injury. There is also a section for secondary injury as well. Not all injury will have secondary injury.

The screenshot shows a web form titled "INJURY AREA AND SEVERITY". It is divided into three main sections:

- PRIMARY INJURY**: A large empty text area for describing the primary injury.
- PRIMARY AREA AFFECTED**: A list of body parts with radio buttons for selection. The list includes: Chin/Cheek, Ear, Eye, Forehead, Mouth/Tongue/Lip, Neck/Throat, Nose, Head, Tooth/Teeth, Stomach, Back, Buttocks, Chest/Ribs, Collarbone, Genitalia, Internal, Pelvis/Hip, Shoulder, Ankle, Arm, Elbow, Finger/Thumb, Foot, Hand/Wrist, Knee, Leg, and Toe. A "reset" link is located at the bottom right of this section.
- Primary Nature of Injury**: A list of injury types with radio buttons for selection. The list includes: Abrasion/Scrape, Bump/Bruise/Contusion, Burn/Scald, Concussion (possible), Cut/Laceration, Dislocation (possible), Fracture/Broken (possible), Loss of Consciousness, No Pulse/Heartbeat, Not Breathing, Pain/Tenderness Only, Puncture, Shortness of Breath, Sprain/Strain/Tear, Swelling/Inflammation, and Other (Use if no other option). A "reset" link is located at the bottom right of this section.

The next section is for Factor/Period/Surface/Activity. NOTE...surface is the surface of the ground the student was on when the injury occurred.

Factors/ Period/ Surface/ Location/Activity	
<p>Factor</p> <p>LIST FACTOR WHICH MAY HAVE LED TO THE INJURY</p>	<ul style="list-style-type: none"> <input type="radio"/> Animal bite (dog bite etc) <input type="radio"/> Collision with object or person <input type="radio"/> Compression/Pinch <input type="radio"/> Contact with equipment (shop, P.E., Sharp object) <input type="radio"/> Contact with fire, hot liquid or hot object <input type="radio"/> Alcohol or other substance <input type="radio"/> Fall <input type="radio"/> Foreign body/Object <input type="radio"/> Hit with thrown object <input type="radio"/> Overexertion/Twisted <input type="radio"/> Seizure disorder <input type="radio"/> Tripped/Slipped <input type="radio"/> Unknown <input type="radio"/> Weapon (gun, knife, etc) <input type="radio"/> Other (Use if no other option)
<p>Period</p> <p>LIST PERIOD DURING WHICH INJURY OCCURRED</p>	<ul style="list-style-type: none"> <input type="radio"/> After school <input type="radio"/> Assembly <input type="radio"/> Athletic Event (team competition) <input type="radio"/> Athletic practice session <input type="radio"/> Before school <input type="radio"/> Class change <input type="radio"/> Class time (exclude PE) <input type="radio"/> Field trip <input type="radio"/> Intramural competition <input type="radio"/> Lunch <input type="radio"/> Lunch recess <input type="radio"/> Recess <input type="radio"/> P.E. class <input type="radio"/> Other (Use if no other option)
<p>Surface</p> <p>LIST FLOORING OR GROUND SURFACE ON WHICH INJURY OCCURRED</p>	<ul style="list-style-type: none"> <input type="radio"/> Blacktop <input type="radio"/> Carpet <input type="radio"/> Concrete <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Ice / Snow <input type="radio"/> Lawn / Grass <input type="radio"/> Mats <input type="radio"/> Sand <input type="radio"/> Synthetic surface (Spongy surface) <input type="radio"/> Tile / Linoleum <input type="radio"/> Wood(waxed) <input type="radio"/> Shredded Rubber / Wood Chips <input type="radio"/> Other (Use if no other option)
<p>Activity</p> <p>LIST ACTIVITY DURING WHICH INJURY OCCURRED</p>	<ul style="list-style-type: none"> <input type="radio"/> Baseball/Softball <input type="radio"/> Basketball <input type="radio"/> Bicycling <input type="radio"/> Classroom activity <input type="radio"/> Climbing <input type="radio"/> Dodge ball/War ball <input type="radio"/> Fighting <input type="radio"/> Flag/Touch Football <input type="radio"/> Football <input type="radio"/> Gymnastics/Tumbling <input type="radio"/> Jumping <input type="radio"/> Kickball <input type="radio"/> Playing on bars (monkey bars/big toy, etc.) <input type="radio"/> Riding <input type="radio"/> Running <input type="radio"/> Roughhousing <input type="radio"/> Setting up/Moving equipment <input type="radio"/> Sliding <input type="radio"/> Sliding on ice <input type="radio"/> Sitting <input type="radio"/> Soccer <input type="radio"/> Standing <input type="radio"/> Swinging <input type="radio"/> Throwing rocks or snowballs <input type="radio"/> Track and field <input type="radio"/> Volleyball <input type="radio"/> Walking <input type="radio"/> Wrestling <input type="radio"/> Other (Use if no other option) <input type="radio"/> Weight Lifting <input type="radio"/> Dance/Cheerleading <input type="radio"/> Frisbee <input type="radio"/> 4-Square

The last two sections are for Actions Taken and Equipment used.

ACTIONS TAKEN	
Days Absent	<input type="radio"/> No absence or Less than ½ day <input type="radio"/> ½ day <input type="radio"/> 1 day <input type="radio"/> 1½ - 2 days <input type="radio"/> 2½ - 3 days <input type="radio"/> If more than 3 days, then specify # reset
Medical Attention	<input type="radio"/> Parents deemed no medical action necessary <input type="radio"/> Seen by M.D./ E.R./ health care provider/ hospital/ etc. reset
Other Actions Taken PLEASE CHECK AND COMPLETE ALL THAT APPLY	<input type="checkbox"/> First Aid Administered <input type="checkbox"/> Parent or guardian notified <input type="checkbox"/> Unable to contact parent/guardian <input type="checkbox"/> Remained in or returned to class <input type="checkbox"/> Sent/taken home <input type="checkbox"/> Parents deemed no medical action necessary <input type="checkbox"/> Checked by school Nurse <input type="checkbox"/> Checked by EMT on staff <input type="checkbox"/> Called 911 <input type="checkbox"/> Seen by M.D./E.R./health care provider/hospital/etc. <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Restricted school activity <input type="checkbox"/> Other <input type="checkbox"/> Student transported by Ambulance
Equipment	
Was equipment or apparatus involved in injury?	<input type="radio"/> yes <input type="radio"/> no reset

If student was seen by medical provider, click on “seen by MD/ER/health care provider/hospital etc.” and a text box will appear to put the diagnosis.

Medical Attention	<input type="radio"/> Parents deemed no medical action necessary <input checked="" type="radio"/> Seen by M.D./ E.R./ health care provider/ hospital/ etc. reset
If Seen by MD, ER, or health care provider please state diagnosis:	<input type="text"/> reset

Once the report is complete click “Save & Exit Form”

<input type="button" value="Save & Exit Form"/> <input type="button" value="Save & ..."/>
<input type="button" value="- Cancel -"/>

If you need to save and come back to the report later you can click the down arrow to get more options to save and return later.



The section in **RED** is for DHHS Personnel. Please make sure to leave the report INCOMPLETE, this will be completed by the DHHS Personnel.

STOP! ADMIN ONLY: A member of the UDHHS will fill out this section and get back to you if more information is needed

Is the record complete? Yes no needs more information reset

If 'needs more information' please describe:

Is this injury reportable? Yes No reset

If reportable, please enter diagnosis code:

Form Status

Complete? ▼

Step 5:

Editing an Injury Report

If a report is reviewed and returned for additional information. You will need to log into REDCap as you did to do the report. Instead of "Add New Record", you will type in the student ID in "Search query".

Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: 58

Choose an existing Record ID	-- select record --
+ Add new record	

Data Search

Choose a field to search <small>(excludes multiple choice fields)</small>	All fields
Search query <small>Begin typing to search the project data, then click an item in the list to navigate to that record.</small>	<input type="text"/>

After clicking entering the student ID the report should open in the space below.

Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

Total records: 58

Choose an existing Record ID	-- select record --
+ Add new record	

Data Search

Choose a field to search <small>(excludes multiple choice fields)</small>	All fields
Search query <small>Begin typing to search the project data, then click an item in the list to navigate to that record.</small>	<input type="text" value="2771483"/> "2771483" in Record ID 5251-1 (Student ID# 2771483)

You will see the screen below. To open the record simply click on the little box that opened.

Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/respor below.

Total records: 58

Choose an existing Record ID	-- select record --
+ Add new record	

Data Search

Choose a field to search <small>(excludes multiple choice fields)</small>	All fields
Search query <small>Begin typing to search the project data, then click an item in the list to navigate to that record.</small>	<input type="text"/> "2771483" in Record ID 5251-1 (Student ID# 2771483)

Please make the needed changes and save and exit the report.

Step 6:

Adding an additional report to an existing student

You follow the same steps as in Step 5. Open an existing report for the student and "Add New Instance". You will find it on the right side of the screen or at the bottom of screen.

The screenshot shows the 'Student Injury Form' editing page for Record ID 5251-1 (Student ID# 2771483). At the top right, there are action buttons: 'Save & Exit Form', 'Save & Add New Instance', and 'Cancel'. The 'Save & Add New Instance' button is circled in orange. Below the form fields, there is a 'Form Status' section with a 'Complete?' dropdown set to 'Complete'. At the bottom of this section, there are buttons for 'Save & Exit Form', 'Save & Add New Instance' (circled in orange), and 'Cancel'. A 'Delete data for THIS FORM only' button is also present. A note at the bottom states: 'NOTE: To delete the entire record (all forms/events), see the record action drop-down at top of the Record Home Page.'

Student Injury Report in REDCap

05/01/2025

Student Injury Report
Violence and Injury Prevention Program
<https://pubredcap.health.utah.gov> (online form)



STUDENT INFORMATION

1. Student ID#: _____ 2. Student Date of Birth: ____/____/____
3. Student's First Name: _____ 4. Student Last Name: _____
5. Student Gender: male () female () Other _____
6. Parent First Name: _____ 7. Parent Last Name: _____

SCHOOL INFORMATION

8. School District: _____ 9. School Name: _____
10. Student Grade: _____
11. Date that the injury occurred: ____/____/____ 12. Time the injury occurred: ____:____ [am () pm]
13. Fatal? Yes () No

DESCRIPTION

14. Description: _____
- _____
15. Witnesses to the incident: _____

INJURY AREA AND SEVERITY

16. Primary Injury: _____

	Head	Trunk	Extremities
Primary _____	1. Chin/Cheek 2. Ear 3. Eye 4. Forehead 5. Mouth/Tongue/Lip	6. Neck/Throat 7. Nose 8. Head 9. Tooth/Teeth 10. Stomach 11. Back 12. Buttocks 13. Chest/Ribs 14. Collarbone	15. Genitalia 16. Internal 17. Pelvis/Hip 18. Shoulder 19. Ankle 20. Arm 21. Elbow 22. Finger/Thumb 23. Foot 24. Hand/Wrist 25. Knee 26. Leg 27. Toe 28. Other _____
Secondary _____			

17. Primary Nature of Injury: _____

Primary _____	1. Abrasion/Scrape 2. Bump/Blow/Contusion 3. Burn/Scald 4. Concussion (possible)	5. Cut/Laceration 6. Dislocation (possible) 7. Fracture/Broken (possible) 8. Loss of Consciousness	9. No Pulse/Heartbeat 10. Not Breathing 11. Pain/Tenderness Only 12. Puncture	13. Shortness of Breath 14. Sprain/Strain/Tear 15. Swelling/Inflammation 16. Other _____
Secondary _____				

FACTORS / PERIOD / SURFACE / ACTIVITY

18. Factor _____ (List factor which may have led to the injury. Record # on line at left)
- | | | | |
|--|--|----------------------------|-------------------------------|
| 1. Animal bite (dog bite etc.) | 5. Contact with fire, hot liquid or hot object | 9. Hit with thrown object | 13. Unknown |
| 2. Collision with object or person | 6. Drug, alcohol or other substance | 10. Overexertion / Twisted | 14. Weapon (gun, knife, etc.) |
| 3. Compression / Pinch | 7. Fall | 11. Seizure disorder | Specify _____ |
| 4. Contact with equipment (shop, P.E.) | 8. Foreign body/Object | 12. Tripped / Slipped | 15. Other _____ |
19. Period _____ (List period during which injury occurred. Record # on line at left)
- | | | | | |
|--------------------------------------|------------------------------|----------------------------|------------------|-----------------|
| 1. After school | 4. Athletic practice session | 7. Class time (exclude PE) | 10. Lunch | 13. P. E. class |
| 2. Assembly | 5. Before school | 8. Field trip | 11. Lunch recess | 14. Other _____ |
| 3. Athletic event (team competition) | 6. Class change | 9. Intramural competition | 12. Recess | |
20. Surface _____ (List surface during which injury occurred. Record # on line at left)
- | | | | | |
|-------------|-------------|---------------|--------------------------|----------------------------------|
| 1. Backtop | 4. Dirt | 7. Lawn/Grass | 10. Synthetic surface | 12. Wood (axed) |
| 2. Carpet | 5. Gravel | 8. Mats | 11. Wet/slippery surface | 13. Other _____ |
| 3. Concrete | 6. Ice/Snow | 9. Sand | 14. Rubber | 14. SHEDDING RUBBER / Wood Chips |
21. Location _____ (List location at which injury occurred. Record # on line at left)
- | | | | |
|------------------------------|-------------------------------------|----------------------------------|--------------------------------------|
| 1. Athletic Field | 5. Corridor / Hall (exclude stairs) | 9. Lunchroom/Kitchen | 13. Sidewalk / Stairs / Ramp |
| 2. Auditorium / Multipurpose | 6. Doorway | 10. Playground / Playfield | 14. Street / Driveway / Parking area |
| 3. Bus loading area | 7. Gymnasium | 11. School bus / Public bus | 15. Restroom / Lavatory |
| 4. Classroom | 8. Lab (Home Ec, Chem, etc.) | 12. Shop (Industrial Arts, etc.) | 16. Other _____ |
22. Activity _____ (List activity during which injury occurred. Record # on line at left)
- | | | | | |
|------------------------|---|---------------------|---------------------------------|---------------------|
| 1. Baseball / Softball | 7. Dodge ball / War ball | 13. Kickball | 18. Setting up equip | 24. Swinging |
| 2. Basketball | 8. Fighting | 14. Playing on bars | 19. Sliding | 25. Throwing rocks |
| 3. Bicycling | 9. Flag / Touch football (monkey bars / big toy / etc.) | 15. Riding | 20. Sliding on ice or snowballs | 30. Other _____ |
| 4. Classroom activity | 10. Football | 16. Running | 21. Sitting | 26. Track and field |
| 5. Climbing | 11. Gymnastics / Tumbling | 17. Toughhousing | 22. Soccer | 27. Volleyball |
| 6. Dancing / Cheer | 12. Jumping | 18. Wrestling | 23. Stairing | 28. Walking |

ACTIONS TAKEN

23. Days Absent _____ (Record letter of the DAYS absent from school related to the injury on the line at left. If no absence, record letter "a")
- a) Less than 1/2 b) 1/2 c) 1 d) 1 1/2 - 2 e) 2 1/2 - 3 f) If more than 3 days, then specify # _____ days

24. Medical Attention: _____ PLEASE LIST ALL THAT APPLY.
- | | |
|---|---|
| 1. first aid | 9. Called 911 |
| 2. Parent or guardian notified | 10. Seen by MD/ED/health care provider. DIAGNOSIS: _____ |
| 3. Unable to contact parent/guardian | |
| 4. Remained in or returned to class | 11. Admitted to Hospital |
| 5. Sent/Taken home | 12. Restricted school activity |
| 6. Parents deemed no medical action necessary | 13. Other: _____ |
| 7. Checked by school nurse | 14. Student transported by Ambulance |
| 8. Checked by EMT on staff | |

EQUIPMENT

25. Was equipment or an apparatus involved in the injury? Yes () No
26. Was there any apparent malfunction of equipment? Yes () No
27. Did equipment appear to be used appropriately? Yes () No
28. Specify equipment: _____

Name of Person filling out report: _____ Phone: _____

Email: _____ Title/Position: _____

Principal's signature: (if needed) _____

STUDENT INJURY REPORT FORM INSTRUCTIONS

This form is to be completed immediately following the occurrence of any injury that is severe enough to:

- a. Cause the loss of one-half day or more of school,
- b. Warrant medical attention and treatment (i.e. school nurse, M.D., E.R., etc.), and/or
- c. Require reporting according to School District policy.

Item #	
1-14	Self-explanatory.
15	Witness. List any witnesses to the injury
16-17	Primary and Secondary injuries. You will always have a Primary injury and in some case you will have a secondary injury. Fill out as needed.
18	Factor of injury. What is the nature of the injury.
19	Period. What time of the day was the injury. What class period during the day.
20	Surface. Describe surface over which injury occurred (i.e. surface upon which child was standing, running, or playing).
21	Location. Where did the injury happen.
22	Activity. What was the student doing when the incident occurred.
23	Days absent. You might need to complete the form days after the injury to get the days absent.
24	Medical attention. Fill out all that apply. Make sure to list any diagnosis. Equipment. If you mark yes, fill out 25-28.

Student Injury Reporting can also be found online at c19.health.utah.gov. Please contact studentinjury@utah.gov to get registered. You will be sent instructions on how to get registered.