

Any injured/ill undergraduate student

University of Notre Dame

SUPERVISOR'S REPORT OF AN INJURY TO THE HEALTH CENTER

This is to certify that _____ (Name of employee) of the
_____ (Department)

is being referred to the University Health Services (in St. Liam's Hall) for
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 ____ / ____ / ____