To Waseda University Department of Student Affairs　　Date 20　,　,

Waseda University Student Compensation System (Compensation for Disability)

Accident Report　I report my involvement in the accident as described below.

①	kana	
	Name	Signature　　age（　）
②	Major	(Graduate) School　　Major　year　　Student ID
③	Home Address/Phone	〒 Phone:　（　）　　Cell:　（　）
	Another Home Address	〒 Phone:　（　）　　Cell:　（　）
④	Accident Date	(y),　(m),　(d)　am・pm　:
⑤	Accident Location	
⑥	Activity You Enrolled (Choose one)*1	1)regular curriculum　2)school activity　3)activity of an athletic club (on campus)　4)activity of an athletic club (off campus)　5)activity of an authorized club/circle (on campus)　6)activity of an authorized club/circle (off campus)　7)other activity on campus

*1…if you chose 3), 4), 5) or 6), please complete all of the sections below.
If you chose 1), 2) or 7), please fill out the section only　from ⑦ to ⑪.

⑦	Activity Details	Class	（　）（　）period （　:　～　:　）
		School Activity	（　） Time （　:　～　:　）
		Club ActivityDetail	（　） Time （　:　～　:　）
		Location	
⑧	Describe What Happened (in detail)		
⑨	Details of Injury	Region:	
		Diagnosis:	
⑩	Duration of Treatment	Hospitalization:　days（expected）　Ambulatory:　days（expected）	
⑪	Hospital Name/Phone	Phone:　（　）	
⑫	Club Name		
⑬	Club Type	1) Athletic Club　2) Authorized Club/Circle	
⑭	Duration of Activity	(y),　(m),　(d)　～　(y),　(m),　(d)	

Approval*2	I certify that Student ① were engaging in Activity ⑦, and Activity ⑦ was taken place at the time and location as described in Section ⑦. Name：　Signiture:　Relationship to ①:

*2…this section may be completed by;
1 class teacher (if difficult, Director of the school department)、2)Director of the host department (of the school activity)、3)　4)captain or advisor of the club、5)

Reception Stamp

学生生活課長	学生生活課 担当者	学生生活課受付 担当者	通知受付箇所
印	印	印	印

This report will be used solely for Waseda University Student Compensation System (Compensation for Disability), and not for any other purpose.
2013.4.1 Revised