

COLLEGE

1. Name of Injured:

2. Check One:

3. Address:

Student

4. Date and Time of Accident:

5. Date and Time Injured Person reported to Medical Office:

..... A.M.

..... A.M.

..... P.M.

..... P.M.

Faculty Member

Admin. Staff

Other

6. Place of Accident:

7. Person in immediate charge of activity or area:

Present at time of accident: Yes..... No.....

(Name and Rank)

8. NATURE AND EXTENT OF INJURY:

9. IMMEDIATE ACTION TAKEN:

a. Was First-Aid treatment administered?..... If so, by whom?

What kind of treatment?

b. Who referred injured to Medical Office?

c. What further disposition was made?

(1) Sent home.

(2) Sent to Hospital.

(3) Sent to private physician.

(4) Other disposition:

d. Name of person who accompanied injured from accident to:

Medical Office

Hospital, Physician, Home

10. Had injured been subject to any weakness or handicap? Yes..... No.....

If Yes, give details:

11. Name and relationship of person notified:

By Whom?

When?

Date Report Processed: Signed:

(College Physician)

SEE OTHER SIDE FOR INSTRUCTIONS