

# INJURY REPORTING FORM

Modesto Junior College     Columbia College

## TO BE COMPLETED BY COLLEGE STUDENT

Please complete using blue or black ink only.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ School ID# **W** \_\_\_\_\_ Phone: \_\_\_\_\_

### 1. Give a description of injury.

When (Exact date & Time): Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM/PM Where: \_\_\_\_\_

What part of you was injured? \_\_\_\_\_

How were you injured? \_\_\_\_\_

### 2. Give name of at least two witnesses (if available).

1. \_\_\_\_\_ 2. \_\_\_\_\_  N/A

I hereby authorize any insurance company, hospital, physician, or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverages, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. I also authorize payment of medical payments to physician or supplier of services described for any attached statements. A photostatic copy of this authorization shall be considered as effective and valid as the original.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Unable to sign due to injury.

## TO BE COMPLETED BY COLLEGE STAFF

Please complete using blue or black ink only.

**Disposition:**  Gave student Intercollegiate Trifold Pamphlet     Campus Safety Notified

First-aid treatment given by \_\_\_\_\_ ;  Treatment refused

Advised to seek medical attention if signs and symptoms increased or persists

Advised to seek medical attention **immediately**

Referred to campus Health Services

Referred to medical facility: Where: \_\_\_\_\_ How:  Private Car     Ambulance

Remarks: \_\_\_\_\_

Did incident occur during a supervised activity?  Yes     No

Did incident happen during intercollegiate sport?  Yes     No    If **yes**, please complete the following items:

Position played: \_\_\_\_\_  Practice     Competition    Name of Athletic Staff: \_\_\_\_\_

I certify that the above injury was sustained while participating in official activities under adequate organizational supervision on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).

**Staff Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_