

Non-Employee Illness/Injury Incident Report

(This form should not be used for Employee Injuries)

Injured or Ill's Name:

Address: City: Zip:

Home Phone: Cell Phone:

Email Address:

Student ID#:

Classification of Injured/Ill:

Student Visitor
Volunteer Vendor

Incident Location:

EVC SJCC District Office

Building: Room:

Other Location:

Date of Incident: Time of Incident: AM PM

Was a District Employee present at the time of the incident? Yes No

If yes, Name and Title:

Witnesses:

1) Name: Email:
Phone: Staff/Faculty Member? Yes No

2) Name: Email:
Phone: Staff/Faculty Member? Yes No

Describe What Happened:

Injured part of the body:

Describe the nature of the injury/illness:

Was First Aid administered? Yes No

Type of First Aid administered?

First Aid administered by?

Were the Student Accident Insurance and HIPPA forms offered to the injured? Yes No

The Injured/III party (**Check all that apply**):

Refused aid or assistance

Went to Health Services

Went to Doctor

Went to Hospital/Urgent Care - Name of Facility:

Was transported by Ambulance - Name of Ambulance Company:

Went to Class

Went Home

Released to: Name

Relationship

Other (Please Describe)

List everyone who was notified:

Name

Signature

Date

Please email this form to the attention of the Vice Chancellor, Administrative Services and the Risk Manager in District Services within 24 hours of the incident. Please also notify your College President.