

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:

Phone:

Email:

Staff/Faculty Member? Yes ☐ No ☐

2) Name:

Phone:

Email:

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/Ill 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.