PERALTA COMMUNITY COLLEGE DISTRICT

MEDICAL INCIDENT REPORT (Use Reverse Side if needed)

1. TYPE OF INCIDENT
☐ PHYSICAL INJURY ☐ ILLNESS ☐ EXPOSURE

2. LOCATION OF INCIDENT

3. FACILITY/COLLEGE ☐ BCC ☐ COA ☐ Laney ☐ Merritt ☐ District Office

4. DATE AND TIME OF INCIDENT
Time: AM PM

5. NAME OF INJURED/ILL PARTY'S INSTRUCTOR/ SUPERVISOR

6. NAME OF INJURED/ILL	7. DOB	8. AGE	9. GENDER	10. SS#

11. ADDRESS OF INJURED (STREET, CITY, STATE & ZIP CODE) PHONE # _____

12. CLASSIFICATION OF INJURED/ILL
☐ Employee** ☐ Student ☐ Visitor ☐ Student Athlete
☐ College Work Study Student ☐ Allied Health Student ☐ Volunteer

***If employee's injury is work related, please complete a PCCD Supervisor's Report and give the employee a DWC-1 form (Employee's Claim for Workers' Compensation Benefits). Both forms are on the District's web page.*

13. DESCRIBE INJURY (INJURIES) / ILLNESS

14. DESCRIBE ANY APPARENT PRE-EXISTING PHYSICAL HANDICAPS OR LIMITATIONS ☐ NONE

15. DESCRIBE CIRCUMSTANCES OF INJURY/ILLNESS (WHAT HAPPENED) _____

16. IS THERE A HAZARD THAT CAUSED THE INCIDENT? ☐ YES ☐ NO
Please Describe/Be Specific about the Location _____

17. WHAT CORRECTIVE ACTION(S) HAVE BEEN TAKEN? _____

18. HAS A WORK ORDER BEEN SUBMITTED TO FACILITIES? ☐ YES ☐ NO
If Yes, please attach a copy.

19. DISPOSITION OF INJURED / ILL PARTY (Check all applicable boxes.)
☐ Refused Aid or Assistance ☐ To Health Services ☐ Resumed Normal Activity
☐ Voluntarily Left Facility ☐ Doctor ☐ Hospital (Name) _____
☐ Ambulance Requested Name of Ambulance Company _____

20. FIRST AID ADMINISTERED? ☐ Yes ☐ No
If Yes By:_____ Title _____

21. WITNESS TO INCIDENT:
_____ _____ _____
Name Address Telephone #

22. REPORT COMPLETED BY: DATE: _____
Name _____
Signature _____

23. DATE REPORTED:
Time:

PERSON COMPLETING THIS FORM SHOULD MAKE THE FOLLOWING DISTRIBUTION:
Keep a copy of this report for your records Send a copy to: Risk Management & College Business Office Updated 1-2007

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MEDICAL INCIDENT REPORT

5. NAME OF INJURED/ILL

_____	_____	_____
Last	**First**	**Initial**

6. IDENTIFY BY LINE NUMBER ANY ADDITIONAL INFORMATION:

Information Completed By: _____

Telephone No. _____