



**Facilities Department
Environmental Health & Safety
Medical Injury Report**

Date of Medical Injury:

Name of Injured Party:

Address:

City, State, Zip:

Telephone Day:

Student. Classroom Location:

Employee. Department:

Other

Time of Medical Injury: AM PM

Date of Report:

Location on Campus:

Nature of Injury:

Injury occurred: During class At work On campus Other

Description of Incident

Action/Disposition:

Location of Injury



The Medical Injury Report is confidential and protected by both State and Federal Law. I authorize copies of this report to be shared with the Palomar College Environmental Health & Safety Office, Palomar College Campus Police, and Palomar College Risk Management.

Signature: _____ Date: _____

**Original to remain in Health Services
Copies to Environmental Health & Safety Office and Risk Management**