PALOMAR COLLEGE
Learning for Success

# Facilities Department
# Environmental Health & Safety /Risk Management

## Medical Injury Report

Please print legibly

Date of Report: _____

(Check One) ☐ Student ☐ Employee ☐ Other_____

Name of Injured Person: _____

Student/Employee ID #: _____

Address: _____

City, State, Zip: _____

Best contact phone #: (_____) _____


**INJURY INFORMATION**

Employee Department/Student Class: _____

Campus location where injured: _____

Time of Medical Injury: _____ ❑ AM ❑ PM

Nature of Injury: _____

Injury occurred: ❑ During class ❑ At work ❑ On campus ❑ Other _____

**Describe Injury and occurrence:**

**Action Taken:**
**If injured employee needs medical attention, follow the Workers' Compensation (WC) process by calling Company Nurse Injury Hotline (24 hours) at 1-877-518-6702 and provide Code QS394. WC questions: contact Benefits at 760/744-1150 x2889 (or x2609*).

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 Health Services, Campus Police, and Risk Management.

**Injured Person Signature:** _____Date: _____

**Witnessing Staff Signature:** _____Date:_____

**Original to Health Services** **Copies to Risk Management - ehs@palomar.edu**