



Facilities Department  
Environmental Health & Safety

**Medical Injury Report**

Please print legibly

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:

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 Safety Office, Palomar College Campus Police, and Palomar College Risk Management.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessing Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Location of Injury



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