

**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 #: (\_\_\_\_) \_\_\_\_\_

Location of Injury



Front

Back

**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:** \_\_\_\_\_