



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**