COLLEGE INCIDENT REPORT FORM

Date: _____

Location: _____ Time In: _____

INFORMATION: STUDENT

Name: _____ Sex: _____

DoB: _____ Address: _____ Contact No. _____

What happened? How? When Where?

Witness Name: _____ Contact No. _____

Allergies (If any) _____

Medications (If you are taking any) _____

Past Medical History (If any) _____

Type of incident

☐ Abrasion ☐ Bleeding ☐ Burns ☐ Contusion ☐ Deformity ☐ Fracture

☐ Laceration ☐ Pain ☐ Swelling ☐ Tenderness ☐ Lower back strain

Others (Please specify) _____

Please explain the incident in detail

What happened? How? Where? When?

Action taken from the company

Discharged How?

☐ Ambulance ☐ Hospital ☐ Return to work ☐ Others (Please specify)

First Aider's Name: _____ Contact No.: _____

_____

Patient Signature

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