

# Report of Student Injury or Illness

Maine Community College System

*Form to be completed with 24 hours of injury/illness; 8 hours, if death*

Student Information:

\_\_\_\_\_ ID# \_\_\_\_\_  
Student Name (Print Clearly)

\_\_\_\_\_ City State Zip  
Address

\_\_\_\_\_ Date of Birth Male Female  
Home Phone/Cell Phone

\_\_\_\_\_ Program  
Campus

## INJURY OR EXPOSURE INFORMATION

Date and Time of injury/exposure: \_\_\_\_\_ AM \_\_\_\_\_ PM

Place of injury/exposure: Building \_\_\_\_\_ Grounds \_\_\_\_\_ Off Campus \_\_\_\_\_

Describe the events which resulted in the injury or illness (give full details on all factors that led or contributed to the injury or the onset of illness). Please explain how the injury/illness occurred.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name the object, substance or exposure which directly brought about the injury or illness.

\_\_\_\_\_  
\_\_\_\_\_

Describe the injury or disease or indicate part of body affected.

\_\_\_\_\_  
\_\_\_\_\_

Physician Name and Address: \_\_\_\_\_

\_\_\_\_\_

First Aid \_\_\_\_\_ Hospital \_\_\_\_\_ Emerg. Rm \_\_\_\_\_ Out-Patient \_\_\_\_\_

Hospital Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Degree of injury/illness: non-disabling \_\_\_\_\_ Permanent incapacity \_\_\_\_\_

Temporary incapacity \_\_\_\_\_ Death \_\_\_\_\_ (date \_\_\_\_\_)

Date incapacity began: \_\_\_\_\_ Has student returned to program? Yes \_\_\_ No \_\_\_

If yes, give date: \_\_\_\_\_

For illness related to course of study

Date of last exposure \_\_\_\_\_ Date of clinical diagnosis \_\_\_\_\_

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Instructor in charge when/where accident or exposure occurred:

\_\_\_\_\_

Witnesses: \_\_\_\_\_  
\_\_\_\_\_

Report prepared by: \_\_\_\_\_  
Name Title

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

Submit form to: Director of Finance

Director of Finance, please CC: Dean of Students  
Completer's Supervisor  
Risk Management, 85 State House Station, Augusta, ME 04333-0085