

**Report of Student Injury or Illness**  
Maine Community College System

Student Information

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Campus \_\_\_\_\_ Program \_\_\_\_\_ 1<sup>st</sup> Yr \_\_\_\_\_ 2<sup>nd</sup> Yr \_\_\_\_\_

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. Room  
\_\_\_\_\_  Out-patient

Hospital Name and Address:

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

Degree of injury/illness: non-disabling \_\_\_\_\_ death \_\_\_\_\_ (date \_\_\_\_\_)  
\_\_\_\_\_ permanent incapacity \_\_\_\_\_ temporary incapacity

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 \_\_\_\_\_  
Signed \_\_\_\_\_  
Date \_\_\_\_\_

Copy to: \_\_\_\_\_ Risk Management  
85 State House Station  
Augusta, ME 04333-0085

\_\_\_\_\_ Campus Office