



STUDENT ACCIDENT/INJURY REPORT

CAMPUS NAME: MESA COLLEGE

THIS FORM IS NOT TO BE COMPLETED BY THE STUDENT!

Today's Date: _____

Date of Injury: _____

Time Injury Occurred: _____

Student Accident/Injury report taken by: _____

STUDENT INFORMATION

Student Name: _____ Date _____

Address: _____ City: _____ State: _____ Zip: _____

Student Cell Phone #: _____ Student Home #: _____

Name of Student's Health Insurance Plan? (if applicable) _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

ACCIDENT / INJURY SUMMARY

Location where accident happened: _____

Was first aid rendered to student? Yes No By whom? _____

Which body parts were injured? _____

Was student participating in an intercollegiate event? Yes No

Was student transported by ambulance? Yes No

Exactly how did accident happen? _____

Disposition of Student: (back to class, home, E.R.?) _____

Police report taken? Yes No Name of Campus Police Officer: _____

HSR Student Accident form issued to student? Yes No

Date HSR Student Accident form issued: _____

WITNESS INFORMATION, (if applicable)

Witness Name: _____ Witness Phone: _____

Signature of Person Completing Form: _____

PROMPTLY SEND THIS COMPLETED FORM TO RISK MANAGEMENT/DISTRICT OFFICE
Copy to VPA Office (Campus Safety Officer)