INJURY REPORTING FORM  
☐ Modesto Junior College  ☐ Columbia College

TO BE COMPLETED BY COLLEGE STUDENT

Please complete using blue or black ink only.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D.O.B.</th>
<th>School ID#</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Give a description of injury.

When (Exact date & Time): Date: / /  Time: AM/PM  Where: 

What part of you was injured? 

How were you injured? 

2. Give name of at least two witnesses (if available).

1.  
2.  

☐ N/A

I hereby authorize any insurance company, hospital, physician, or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverages, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. I also authorize payment of medical payments to physician or supplier of services described for any attached statements. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Student Signature: ___________________________ Date: / / 

☐ Unable to sign due to injury.

TO BE COMPLETED BY COLLEGE STAFF

Please complete using blue or black ink only.

Disposition:  ☐ Gave student Intercollegiate Trifold Pamphlet  ☐ Campus Safety Notified

☐ First-aid treatment given by __________________________ ; ☐ Treatment refused

☐ Advised to seek medical attention if signs and symptoms increased or persists

☐ Advised to seek medical attention immediately

☐ Referred to campus Health Services

☐ Referred to medical facility: Where: __________________________ How: ☐ Private Car  ☐ Ambulance

Remarks: 

_______________

Did incident occur during a supervised activity? ☐ Yes  ☐ No

Did incident happen during intercollegiate sport? ☐ Yes  ☐ No  If yes, please complete the following items:

Position played: __________________________  ☐ Practice  ☐ Competition  Name of Athletic Staff: __________________________

I certify that the above injury was sustained while participating in official activities under adequate organizational supervision on / / (date).

Staff Signature: __________________________ Date: / / 

Last Updated: 3/24/11gb