

Danville Area Community College Injury and Illness Report

NAME _____ SS # _____

ADDRESS _____

HOME PHONE _____

NEAREST RELATIVE _____ PHONE _____

Male _____

Faculty _____

On-Campus _____

Female _____

Staff _____

Off -Campus _____

DOB ____/____/____

Student _____

Witness _____

Visitor _____

Witness Phone _____

Allergies _____

DATE OF INJURY _____ TIME _____

FIRST RESPONSE PERSON: Name _____

Address _____ Phone _____

CAMPUS LOCATION OF INJURED OR ILL PERSON _____

DESCRIPTION OF INJURY OR ILLNESS _____

STATEMENT OF INJURED OR ILL INDIVIDUAL _____

CARE GIVEN _____

DISPOSITION OF CASE _____

AMBULANCE CALLED: Y / N

Forward Copies To:
Human Resource Department
DACC Security
Director of Administrative Services

Signature

Title and Department

Date and Time of Report