

Cabrillo College Incident/Injury Report

- ▶ **STUDENTS** must report injuries immediately to Student Health Services.
- ▶ **EMPLOYEES** must report all injuries immediately to Human Resources.
- ▶ **VISITOR** injuries must be reported immediately to the Purchasing/Risk Management Director Michael Robins at **mirobins@cabrillo.edu**

Today's Date ___/___/___ Name of Injured _____ DOB: ___/___/___

Student/Employee ID # _____ Phone #: (____) _____
(Visitors leave this blank)

Address _____ City _____ State _____ Zip code _____

Student Faculty/Staff member Campus visitor

Date of Injury _____ Time of Injury _____ a.m. /p.m.
Where Injury Occurred _____ (Be specific: room and building number, parking lot letter, etc.)
Describe what occurred (Give all possible details; describe injuries Attach an additional page if necessary) _____ _____ _____ _____
Name of Witness _____ Phone _____
Was first aid or medical care provided? If so, where and by whom? _____ _____ _____
Does injured have health insurance? Yes _____ No _____
Policyholder's Name (Parent/Spouse, etc) _____
Insurance Carrier _____ Policy # _____

Students who are injured while participating in any school sponsored and/or supervised activities, whether on or off campus, may be eligible for student accident insurance benefits.

Signature of Injured _____ Date _____

Person reporting _____ Phone _____
(Please print)

Signature _____ Date _____