

# Cabrillo College 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 \_\_\_\_\_