

Concordia University Medical Incident Report

This form is to be completed any time a medical incident occurs on the Concordia Campus. For minor cuts, abrasions or illnesses that are cared for by the injured or ill person themselves, a report is not needed.

If emergency medical services are called, notify Ron Down at extension #7286 or call #7415 ASAP

Date of Incident:		Time of Incident:		Location of Incident:	
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Name of Person Completing Report:					
Title:		Department:		Phone Number:	

Name of injured/ill person: _____

Address: _____

Phone Number: _____

Gender: _____ Date of Birth _____

Please circle appropriate: Student *Employee Visitor

(Employees have additional form(s) to complete)*

How incident occurred (*what person was doing, any unsafe acts or conditions, other people or equipment involved, etc.*):

Location of injury/illness on body:

Description of injury/illness:

First Aid administered:

Please complete other side of form

Disposition: Class: _____ Campus Nurse: _____ Home: _____ Hospital: _____

Physician: _____ Other (*specify*): _____

By Whom: _____

Witnesses to injury/illness (*include names, address and phone numbers*):

Was anyone else notified on the incident? No _____ Yes _____ (*please list*):

Signature of person completing form: _____ Date: _____

For Health Center Use Only	
Observations/Comments:	
Follow up:	
_____	_____
Campus Nurse	Medical Director/Nurse Practitioner