

Randolph Community College

MEDICAL INCIDENT REPORT

Date of Incident or Illness: _____ Time of Incident or Illness: _____ am or pm

Name of Sick or Injured Person:
Circle one: Staff Student Visitor

Address:

Phone Number:

Location Incident Occurred:

Description of accident or illness:

Witnesses:

Description of first aid or other assistance provided:

Was Emergency Medical Services called? (Check) Yes No
If no explain

EMS Provider:

Approximate time of arrival: _____ Did EMS transport? Yes No
If yes, indicate which medical facility:

Was person transported off campus by another person for further medical attention? Yes No

If yes, indicate transporter's name, date/time of arrival, and destination of transport.

Sick/injured: _____ Date:
person Print Name Signature

Witness: _____ Date:
Print Name Signature

College: _____ Date:
Representative Print Name Signature