INJURY REPORTING FORM

 \square Modesto Junior College \square Columbia College

TO BE COMPLETED BY COLLEGE STUDENT				
Last Name	First Name			MI
Address		City	State	Zip
D.O.B. / / School ID	# W	Phone:		
1. Give a description of injury.				
When (Exact date & Time): Date:	Time:	AM/PM Where:		
What part of you was injured?				
How were you injured?				
2. Give name of at least two wit	nesses (if available).			
1	2			
I hereby authorize any insurance compa				
requested to do so, all information with respect to any injury, policy coverages, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. I also authorize payment of medical payments to physician or supplier of services described for any attached				
statements. A photostatic copy of this authorization shall be considered as effective and valid as the original.				
Student Signature:		Date:	_/	
Unable to sign due to injury.				
TO BE COMPLETED BY COLLEGE STAFF				
Disposition:	Gave student Intercolle			ified
First-aid treatment given by Advised to seek medical attention		eased or persists		
Advised to seek medical attention Referred to campus Health	-			
Referred to medical facility		How: [☐ Private Car ☐ Ar	nbulance
Remarks:				
Did incident occur during a supervis	ed activity? Tyes TNo			
Did incident happen during intercoll	-	If was placed complete t	ho following itoms:	
Position played:			_	
I certify that the above injur				
supervision on/ (o				-
Staff Signature		Date:/		

Last Updated: 12.15.09gb