

County College of Morris  
INJURY/ILLNESS REPORT FORM

Name \_\_\_\_\_ Date of Report \_\_\_\_\_  
(Last) (First) (Middle) DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Sex: F M Student or Employee # \_\_\_\_\_ Date of Injury \_\_\_\_\_ Time \_\_\_ am/pm

Status at time of injury/illness (1) Student \_\_\_ FT \_\_\_ PT (2) Employee on duty \_\_\_ off duty  
(3) C.P.P. \_\_\_ (4) Student Aide on Duty \_\_\_ (5) Visitor \_\_\_

Supervisor or Instructor: \_\_\_\_\_  
(The person, if any, directing your activity at time of accident)

Specific location of injury/illness and activity engaged in at time of injury/illness (Be sure others can locate):  
\_\_\_\_\_

Employee's Department/Visiting group \_\_\_\_\_ Student's Major \_\_\_\_\_

If an off-campus location, was activity college sponsored? Yes \_\_\_ No \_\_\_

**Describe Injury/Illness Details**

Include device, machine, material activity or condition involved and describe circumstances surrounding injury.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Injured/Responsible Party; \_\_\_\_\_

Type of injury/illness and part of body involved: \_\_\_\_\_

Estimated Extent of Injury: (1) Minor \_\_\_ (2) Moderate \_\_\_ (3) Severe \_\_\_

\_\_\_ Student Accident Policy \_\_\_ Other - Identify \_\_\_\_\_

\_\_\_ Sports Insurance Policy \_\_\_ No Insurance

\_\_\_ Worker's Compensation SS# Required \_\_\_\_\_

Name and Address of Witness: \_\_\_\_\_

Record of Patient's Treatment and Disposition \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature & Title \_\_\_\_\_