

OFFICE USE ONLY:

Reviewed: _____

Initial: _____ Date _____

Hold in Retention for 3 years

Evergreen Christian Community/School

**Adult Visitor
Injury Report Form**

Date: _____

Name of injured/ill person: _____

Date of birth: _____

Phone: _____ Address: _____

Present Occupation: _____

Employer's Name: _____ Phone: _____

Employer Address: _____ City/State/Zip: _____

Name & address of hospital (if hospitalized): _____

Hospitalized from (date) _____ to _____

Nature of injury or illness: _____

If sickness, date & time symptoms first appeared: _____

Has subject ever been ill with this condition before? _____

When? _____

Was EMS/911 called? _____

If injury, date & time accident occurred: _____

How did it happen? _____

Name of person at ECC/ECS first notified: _____

Name & address of physician first treating condition: _____

Date first attended by physician for this condition: _____

Where? _____

Any further comments: _____

Signature & printed name of person filling out form

Date