

**OZARKS TECHNICAL COMMUNITY COLLEGE**

**Student / Visitor Report of Injury or Illness**

(To be used for Student and Visitor Incidents)

Please return completed form to the Office of Administrative Services

**Part 1: Student/Visitor Information**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_ OTC I.D. # \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Student  Visitor  Emergency Contact \_\_\_\_\_

**Part 2: Incident Information**

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ Date Reported \_\_\_\_\_

Incident Location \_\_\_\_\_ OTC Property  Yes  No

Specific description of incident and how it occurred (include as much detail as possible) \_\_\_\_\_

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

Treatment given or other action taken \_\_\_\_\_

\_\_\_\_\_

Safeguards or safety equipment provided to prevent injury \_\_\_\_\_

Physician/Location providing treatment \_\_\_\_\_

**Medical Treatment Declined** Yes No

Signature declining medical treatment: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 3: Witness to Incident**

Name(s) \_\_\_\_\_

Address(es) \_\_\_\_\_

Phone(s) \_\_\_\_\_

Person filing report \_\_\_\_\_ Date \_\_\_\_\_

**Office Use**

College Representative \_\_\_\_\_

Date Administrative Services Follow-up Filed \_\_\_\_\_ Reference # \_\_\_\_\_