Tyler Junior College
P.O. Box 9020
Tyler, Texas 75711

Medical Emergency/Accident Report

Name of injured party: _____ A# and/or SS#: _____

Date & time of accident: _____

Where did accident occur? _____

Employee at TJC? ☐ Yes ☐ No ☐ Full-time ☐ Part-time Student: ☐ Yes ☐ No Student Assistant: ☐ Yes ☐ No

Description of injury:

☐ Laceration ☐ Burn ☐ Contusion ☐ Fracture ☐ Foreign body ☐ Puncture

Other of: ☐ Right ☐ Left ☐ Upper ☐ Lower

☐ Head ☐ Face ☐ Eye ☐ Ear ☐ Nose ☐ Mouth ☐ Neck ☐ Shoulder ☐ Back ☐ Chest

☐ Arm ☐ Hand ☐ Finger ☐ Leg ☐ Foot ☐ Toe ☐ Elbow ☐ Wrist ☐ Knee ☐ Ankle

Action taken:

☐ Wound cleaned & dressed ☐ Referred to physician

Transported by: **To:** _____

☐ Ambulance ☐ Friend ☐ Family ☐ Hospital ☐ Physician ☐ Home

Necessary follow-up by Health Services:

☐ Re-dress Wound ☐ Tetanus ☐ Booster ☐ Referral to physician ☐ Dentist

Other _____

Exactly how did accident occur? Describe what happened.

_____

_____

_____

Names, addresses, and telephone numbers of witnesses

1. _____
2. _____
3. _____

Name of person completing report: _____

Date report completed: _____

Signature: _____

Send copies to:
☐ Purchasing/Insurance ☐ HR ☐ Campus Safety ☐ Designated Dean ☐ College Health Services ☐ Environmental Health and Safety