

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 # _____