John A. Logan College
Carterville, Illinois 62918

Campus/Classroom Accident/Illness Report

☐ Student  ☐ Staff  ☐ Public

Date ____________________________

Time ____________________________ ☐ AM ☐ PM

Location ____________________________

Name of Person Affected ____________________________ Home/Cell phone ____________________________

Address ____________________________

City ____________________________ State __________ Zip __________

Affected Person’s Supervisor/Instructor ____________________________

Nature of Accident/Illness (give a full and complete report) ____________________________

Signature of Affected Person ____________________________

Ambulance Called ____________________________

Time ____________________________ ☐ AM ☐ PM

Ambulance Destination ____________________________

Departure Time ____________________________ ☐ AM ☐ PM

Incident Witness Name ____________________________

Home/Cell Phone ____________________________

Witness Address ____________________________

City ____________________________ State __________ Zip __________

Describe first aid administered and by whom ____________________________

Comments (if any) ____________________________

Report completed by ____________________________ Date ____________________________

Time ____________________________ ☐ AM ☐ PM

06-15-06-1c