



## Fayette County Career & Technical Institute

### ACCIDENT / MEDICAL REPORT

Instructor:	Date:	Time:
Name of Injured:	Address:	School District:
Gender: Male Female	Age:	Grade: 09 10 11 12
Day of Accident:	Date of Accident:	Time of Accident:

#### ACCIDENT

Type of Injury:

Cut / Laceration	Burn	Puncture
Abrasion / Scrape	Bump / Swelling	Bruise
Fracture	Other:	Other:

Body Part Injured:

Upper Arm: Left Right	Lower Arm: Left Right	Wrist: Left Right
Thigh: Left Right	Calf: Left Right	Foot: Left Right
Ankle: Left Right	Back	Face
Head	Neck	Ear: Left Right
Hand: Left Right Finger Thumb	Toe	Eye: Left Right

Other/Specifics:

Cause of injury:

Exact location of where accident occurred:

Engaging activity of injured:

Supervisor of Activity:

Factor(s) contributing to accident:

Remedial action taken:

Property damage:

Description of known events leading to the accident:

#### MEDICAL

Type of Medical Issue:

Cold Allergies Flu Ill/Sick	High / Low Blood Pressure	High / Low Blood Sugar
Headache Migraine	Nosebleed	Seizure
Animal / Insect Bite	Pain	Other:

#### CONTRIBUTING FACTOR (CHECK ALL THAT APPLY)

Fall / Trip / Slip	Contact with hot/chemical substance	Compression / Pinch
Fighting	Foreign Body / Object	Struck by Object
Insect / Animal Bite	Drug / Alcohol / Substance Involved	Other / Unknown:
Unsafe act	Unsafe personal factor	Not prepared

Parent/Guardian notified: Yes No	Phone Number:
Name of Witnesses:	1. _____ 2. _____
Was first aid administered? Yes No	By whom?
Student was taken: Back to Class Home Doctor Hospital	
Student was taken by whom?	

Signature of person completing the form: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Nurse's signature: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Director's signature: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Copy this form and file in the office

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