KIRKWOOD COMMUNITY COLLEGE ILLNESS AND INJURY REPORT

NAME OF INJURED PERSON:_____ **DOB:**_____ **SS #**_____
Home Address_____Phone_____Emergency Contact _____

DATE / TIME OF INJURY/ILLNESS_____
NOTIFIED / WITNESSED BY _____
LOCATION WHERE INJURY/ILLNESS OCCURRED_____

DESCRIBE NATURE OF ILLNESS OR INJURY

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

VITALS/TIME_____ **BP** / **P** **R**
VITALS/TIME_____ **BP** / **P** **R**
VITALS/TIME_____ **BP** / **P** **R**

ACCUCHECK:
TIME: _____
RESULT: _____

PULSE OXIMETER:
TIME: _____
RESULT: _____

LUNGS:
CLEAR WHEEZES RALES L R BOTH
SKIN:
NORMAL DRY MOIST PALE ASHEN
WARM HOT COOL COLD CYANOTIC
PUPILS:
PERRL UNEQUL FIXED SLOW CONSTRICTED
DILATED

DRUG ALLERGIES:

CURRENT MEDICATIONS:

PERTINENT MEDICAL HX:

HEALTHCARE PRACTITIONER:

LEVEL OF CONSCIOUSNESS: ALERT/ORIENTED, LETHARGIC, CONFUSED, UNCONSCIOUS
AMBULANCE CALLED: YES OR NO **TIME**_____
TRANSFERRED TO ST. LUKES VIA AMBULANCE **TIME:**_____
Note: If you are outside of Cedar Rapids, go to the nearest hospital for a medical emergency
WENT TO ST. LUKE'S WORK WELL **TIME**:_____
AMBULANCE REFUSED (PT'S SIGNATURE)_____ **DATE:**_____

CLASSIFICATION CODING
___Minor Injury
___Serious Injury
___Illness/ Disease Process
___Permanent total illness/injury
___Communicable Disease Exposure
___Bloodborne Pathogen Exposure

INJURY/ILLNESS
___Abrasion ___Foreign body
___Bruise ___Fracture
___Burn ___Laceration/Puncture
___Dermatitis ___Sprain/Strain
___Seizure ___Bite

BODY PART
___Arm/Shoulder ___Eye/Ear/Nose
___Hand/Finger/Wrist ___Leg/Knee
___Foot/Ankle ___Back/Spine
___Head/Neck/Throat ___Wrist / Elbow
_____ OTHER

PERSON COMPLETING THIS REPORT_____ **DATE** _____