HEBRON BAPTIST CHURCH
ACCIDENT/ILLNESS INVESTIGATION REPORT

Name of Injured/Sick: ______________________________ Parent if a Minor: ____________________________

DOB of Injured/Sick ____________ Age _________ Sex F / M Employee Yes ☐ No ☐ Dept. _______

Date of Incident: ___________________ Time of Incident: ______________________ AM / PM

☐ NKDA ☐ ALLERGIES: ____

Present Medication Name/Dose: ___________________________________ ☐ None ☐ Unknown

PHM

☐None ☐Unknown ☐Angina ☐Asthma ☐CABG ☐Cancer ☐Cardiac ☐COPD

☐CVA ☐Diabetes ☐Substance Abuse ☐Headaches ☐HTN ☐Kidney Stones ☐MI

☐Psych ☐Renal Failure ☐Reflux ☐Seizures ☐Thyroid ☐Ulcer ☐Other

Tetanus ☐N/A ☐< 5 Yrs. ☐> 5 Yrs. ☐Unknown

Describe Fully the Nature of Injury/Illness: ____

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Location of Accident/Illness (be specific): ____

List Any Witnesses: Name: ____________________________ Phone: _________________________________

Name: ____________________________ Phone: _________________________________

Actions Taken: ☐ Transported to Hospital - By Whom? _____________________________ Where? _________

☐ Medication Given – What type? ____

☐ CPR ☐ Other ____

Injured or Parent Signature: _____________________________________

Address: ____ Phone:______________________________

Preparer's Signature: _______________________________________ Date of Report: _______________________

Preparer's Position/Title ____________________________________ Phone No. __________________________