

Mercer County Community College
Division of Science & Allied Health

Student Injury Report

INJURED

Name: _____ Social Security Number: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Date Injured: _____ Time: _____ Place: _____

INJURY

Describe the injury: _____

Referred to: _____

By Whom: _____

Date: _____ Time: _____

Student Signature: _____ Date: _____

MCCC Staff Signature: _____ Date: _____

WAIVER:

I, _____ decline treatment

Student Signature: _____ Date: _____

MCCC Staff Signature: _____ Date: _____