

Describe the injury / illness: _____

What object or substance directly harmed you? _____

If person died, when did death occur? _____

Was first aid administered? YES NO What treatment was given? _____

Who provided treatment? (full name / address / phone) _____

Witnesses (full name / address / phone) 1) _____
2) _____

911 / Ambulance called? YES NO By Whom? _____

Injured person transported? YES NO Transported to where? _____

Transported by whom? _____

Name of treating physician or other health care professional: _____

If treatment was given away from worksite, where was it given? (facility name / full address):

Olympic College Employees – if you are injured at work and need treatment, go to the emergency room or the health care provider of your choice and tell them you were injured at work. They will assist you in filing the worker’s compensation claim through Washington state Labor and Industries. If you have questions or concerns, please contact Human Resources @ (360) 475 – 7300.

Were you or will you be treated in an emergency room? YES NO

Were you or will you be hospitalized overnight as an in-patient? YES NO

What caused the accident / injury (in your opinion)? _____