



NORTH ORANGE COUNTY  
COMMUNITY COLLEGE DISTRICT

**Employee's Account of Injury/Illness Form**  
*This form should be used for reporting occupational injuries or illnesses*

Employee Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Campus/Department: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home address: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

1) On or around what date and time did this injury occur? \_\_\_\_\_

2) Location of the accident/incident: \_\_\_\_\_

3) Describe injury/illness and the part of the body affected: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4) Describe in detail the full circumstances (including cause) of the injury/illness (i.e., walking down stairs, lifting something, struck by something, was this repetitive injury, etc.): .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Names and phone numbers of witnesses, if any:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

6) What symptoms are you experiencing due to this injury/illness: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7) Were the actions part of:  
Your normal job duties \_\_\_\_\_  
Other (please explain) \_\_\_\_\_  
\_\_\_\_\_

8) List any objects or materials that may have directly contributed to this injury: \_\_\_\_\_  
\_\_\_\_\_

9) Have you ever had a problem with this part of your body before this injury? \_\_\_\_\_  
If so, when? \_\_\_\_\_

10) Have you ever injured this part of your body while participating in any sport or recreational activity? \_\_\_\_\_  
If so, what sport or activity? \_\_\_\_\_  
Describe the incident and the injury: \_\_\_\_\_  
\_\_\_\_\_

11) List all physicians you have seen, at any time in the past, for any problem with this part of your body:  
\_\_\_\_\_  
\_\_\_\_\_

12) What non-work related activities increase the symptoms or are limited by symptoms:  
\_\_\_\_\_

13) Did you report the incident to your manager? \_\_\_\_\_ Date reported: \_\_\_\_\_  
Name & telephone number of Manager: \_\_\_\_\_

14) **For repetitive motion type injuries only:** Why did you report this incident today instead of yesterday?  
\_\_\_\_\_  
\_\_\_\_\_

15) Employment Status:  Regular FT  Part Time  Hourly

16) Work Schedule (Fill in the number of hours worked for each day of the week):  
Sun \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Sat \_\_\_ Wage: \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date