

NORTH FOND DU LAC SCHOOL DISTRICT – SCHOOL HEALTH PROGRAMS

1115 Thurke Avenue North Fond du Lac, WI 54937

Telephone: (920) 929-3750 Fax: (920) 929-3696

VISITOR INCIDENT REPORT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M / F (Circle One) School/Teacher: \_\_\_\_\_ Date/Time of Incident: \_\_\_\_\_

Location of Incident: (Check appropriate box)

Nature of Incident: (Check appropriate box)

- Play/School Grounds
Hallway
Classroom
Outdoor
PAC
Gym
Other:

- No apparent injury
Sprain/Strain
Dislocation
Respiratory Emergencies
Laceration
Rash
Head Injury
Burn
Back Injury
Dental Injury
Eye Injury
Fracture
Abrasion/Contusion
Bloodborne Pathogens
Other:

Injured Body Part: (Check appropriate box)

Caused By: (Check appropriate box)

Right / Left (Circle One, if applicable)

- Abdomen
Ankle
Arm
Back
Chest
Eye
Face
Foot
Hand
Head
Knee
Leg
Teeth
Wrist
Other:

- Bodily Motion
Material Handling
Slip/Fall
Another Person
Foreign Body
Sharp Instrument
Heat/Thermo
Bite
Chemical
Struck by Equipment
Other:

Explanation of Injury:

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

Was blood or other body fluid present? Yes / No (Circle One)

Was personal protective equipment used? Yes / No (Circle One)

Witness Name: \_\_\_\_\_ Witness Phone: \_\_\_\_\_

Witness Address: \_\_\_\_\_

First Aid:

Person(s) Notified:

Disposition:

- By Whom: \_\_\_\_\_
Observation
Rest
Ice
Elevation
Wound Care
Other:

- Name: \_\_\_\_\_
Family Member
Doctor/Dentist
First Responder/911
School Nurse
Other:

- None, returned to school
Home
Doctor/Dentist Office
Name: \_\_\_\_\_
Date: \_\_\_\_\_
Emergency Room/Hospital

Report Completed By: \_\_\_\_\_

Reviewed by Administrator/Principal: \_\_\_\_\_

Reviewed by District Nurse: \_\_\_\_\_