



Report of Injury or Illness
 Department of Emergency Services and Public Protection
 Connecticut Fire Academy
 Phone: 860-627-6363 Fax: 860-654-1889



Injury **Illness** (Go to page 2 / Complete Section 10)

____/____/____
Date Injury Occurred

____:____ hours
Time Injury Occurred

____/____/____
Date Injury Reported

 Fire Department

Injured / Ill Party

 Last Name _____
 First Name _____
 M.I. _____
 Date of Birth ____/____/____

 Address (No. & Street) _____
 State _____
 Zip Code _____

 Home Phone No. _____
 Cell Phone No. _____
 Email Address _____@_____

1. Nature of Injury

Strain, Sprain or Bruise Eye Injury
 Cut, Abrasion or Laceration Inhalation – Smoke
 Puncture Inhalation - Fumes
 Heat, Exhaustion-Fatigue Multiple Injuries
 Burns Fracture
 Reoccurring Injury Other: _____

2. Body Area Affected

Multiple Parts Left Arm Right Arm
 Head Left Elbow Right Elbow
 Face Left Wrist Right Wrist
 Neck Left Hand Right Hand
 Shoulder Left Finger Right Finger
 Chest Left Leg Right Leg
 Lungs Left Knee Right Knee
 Abdomen Left Ankle Right Ankle
 Back Left Foot Right Foot
 Buttocks Left Eye Right Eye
 Other: _____ Left Ear Right Ear

3. Falls

On Wet Surface Over Materials
 On Icy Surface On Slippery Surface
 On Steps From Ladder
 Tool, Equipment Slipped From Apparatus
 In Hole(s) Lost Balance
 Training Prop Other: _____

5. Contact With

Heat or Flame Chemicals Electricity
 Hot Surface Wet Surface Water / Liquids
 Metal Glass Nails, Tin
 Ran/Walk Into Training Prop Other: _____

4. Struck (by, with or against)

Pulling Material(s) Tools Apparatus
 Falling Material(s) Falling Object(s) Chemicals
 Thrown Object(s) Water Stream
 Ladder on Apparatus Ladder in Service
 Other: _____

6. Exposure or Over Exertion

Fatigue Lifting Pulling
 Unusual Weather Unusual Smoke/Fumes
 Other: _____

7. Where did Injury Occur

Administration Building
 Classroom Auditorium Hallway Cafeteria Pool Dorm Room Lounge Exercise Area
 Front Sidewalks Rear Sidewalks Front Parking Area Rear Parking Area Outside Grounds Other: _____

Training Grounds
 CFA Fire Station CFA Locker Room CFA Bathroom CFA Fire Station Apron
 HCFS Fire Station HCFS Locker Room HCFS Bathroom HCFS Fire Station Apron
 Class-A Burn Building Class-A Burn Building Area Class-B Burn Building Class-B Burn Building Area
 Training Tower Propane Prop Area Driveway Training Grounds
 Off Campus: _____ Other: _____

8. Type of Training being conducted

Practical Skills Training Physical Fitness Training Lecture Training Preparation Curfew
 Extra Credit - Study Extra Credit – Practical Skills Extra Credit – Work Capacity
 Other: _____



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 Last Name

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____/____/____
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9. What was the Patient Doing?

Describe in full and mention any item connected to injury (use more paper if necessary)

10. Describe the Injury / Illness

Describe in full the injury (use more paper if necessary)

 Last Name of Injured Party (PRINT)

 Signature of Injured Party

____/____/____
 Date

Injury/Illness Refusal of Evaluation

I _____ (print name) acknowledge that I have been offered further medical treatment and/or transportation to a medical facility by a member of the Connecticut Fire Academy and that I have declined the offer. I accept full responsibility for my decision.

 Signature of Injured Party

 Witness

____/____/____
 Date

Instructor Receiving Report: _____

Date Report Received: ____/____/____

For Office Use Only

CFA

Reviewed By: _____
Last Name (PRINT)

Did the Patient seek Medical Attention? Yes No

Medical Care provided by:
 Suffield Medical Clinic Johnson Memorial Hospital
 Other: _____

Was the Patient transported to the Medical Facility? Yes No
 POV CFA Personnel
 Ambulance: _____ Other: _____

Program Time Missed: _____

Fire Department Notification

FD Notified Yes No Date: ____/____/____ Time: ____:____

FD Ph. No: _____ - _____ - _____

FD Person Contacted:

Notes:

