Campus Security Medical Report

Name:		DOB: SEX:	
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Location of Incident:	Time of Incident:	Date of Incident:	

Type of Incident: [] Illness [] Injury [1 Other:

Ambulance Called: []YES [] *NO (If NO, see refusal of service statement below)*

Refusal of Service: I have been advised that I should seek medical care and I have been advised that an ambulance can be called for me. I have chosen to refuse to have an ambulance called for me at this time. I acknowledge that by refusing medical treatment and/or transport that I release ENMU-R, its employees, and agencies associated with ENMU-R for any and all liability. I further acknowledge that I can at any time change my mind and an ambulance will be called for me.

Printed Name: Signature:

Witnesses:

Narrative: (What Happened)

Name/Title	Signature:	Date