

MIT ALUMNI TRAVEL PROGRAM – MEDICAL/ACCIDENT REPORT FORM

To be completed by MIT Host/Faculty accompanying traveler.

Please document the details of any major/minor accident or medical emergency that arise during the trip.

For emergencies involving death, please fill out where appropriate and see page 3.

Return the completed form upon your return.

Trip: _____ **Date:** _____

1. Name of injured or sick party:

_____ Gender: Female _____ Male _____

Traveling alone? Yes _____ No _____ If not traveling alone please note the name of the person with whom he or she was with and the relationship to this person.

_____ **Relationship:** _____

2. Nature of problem:

3. Describe the incident as you understand it. If illness, was the condition a pre-existing one?

Yes _____ No _____ Was this noted on their personal information form? Yes _____ No _____

4. Was the person willing to seek medical attention? Yes _____ No _____ **If no, why not?**

5. Location of accident/incident, time of day, weather conditions:

6. Name(s) and contact information of each witness, if applicable:

7. Name of place and phone number where medical treatment was administered:

8. What treatment / solution was given?

9. What portions of the trip, if any, were missed due to condition?

10. Did person return to hotel? Yes ____ No ____ if yes, at what time? _____

Did person return to their home? Yes ____ No ____ if yes, what date? _____

When and by what means?

11. Was the medical insurance carrier notified? Yes ____ No ____ If **yes** when?

12. Host's impression of the overall condition and attitude of sick or injured traveler:

13. In the case of death, list those present to document the deceased's belongings:

14. In the case of death, provide detail on arrangements for the remains.

15. In the case of death, provide confirm that you or another member of the tour staff have documentation for certificates of death and the autopsy report and provide any information:

16. In the case of death, please detail, to the best of your knowledge, family members and others notified of their passing:

Host's/Leader's Name: _____ **Date:** _____
Please Print

Signature: _____

*****Please be sure to attached copies of documentation, official forms, or correspondence to this report*****