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**