Employee's Report of Incident and/or Injury

Please complete online form – To be completed by Employee same day as incident/injury.

Name_____ SS# _____
Home Address_____ Birth Date _____
City/State/Zip _____ Sex: □ Male □ Female
Telephone: ( ) _____ Alternate Phone: ( ) _____

Date of injury or onset of symptoms _____ **Time**_____ □ am □ pm
Describe what caused the injury/symptoms, what were you doing **just before** the incident, and what did you do **after** the incident (if you need more space, write on back of this form) **Be specific and name any objects or substances involved:**
_____
_____

Did anyone see you get hurt? ☐ Yes ☐ No If yes, who? _____
Did you report this incident to anyone? ☐ Yes ☐ No If not, why not? _____
If yes, to whom did you report it? (Name and Title/Position)_____
When? (Date and Time)_____

What part(s) of your body was/were affected? (Be specific – for example: right elbow, left knee, right index finger):
_____
What type of injury did you experience? (Be specific – for example: bruise, scrape, laceration, pull)
_____

Was any first aid provided at the scene? ☐ Yes ☐ No if yes, describe: _____
_____
Did you seek outside medical treatment ☐ Yes ☐ No If yes, when? _____
Where? _____ If treatment was not sought immediately, explain why:
_____

Is this an aggravation of a previous injury/symptom? ☐ Yes ☐ No If yes, when were you last treated for the previous injury?_____ By whom or where? _____
_____
Have you ever had a similar injury? ☐ Yes ☐ No If yes, describe other injury: _____
_____

Medical Release

I hereby authorize any person(s) who have in the past or will in the future medically attend, treat or examine me, or any person who may have information of any kind which may be used to reach a decision in any claim for injury or disease arising from the injury/illness described above, to disclose such information to my employer and to any of my employer's designated representative(s). A copy of this form will serve as the original.

Employee Name (Print) _____ Signature _____

Date (Required)_____