

"EMPLOYEE" - STATEMENT OF INJURY OR ILLNESS

EMPLOYEE INFORMATION			
[To be completed by Employee]			
Name (First, Last)	Date of Birth / /	Social Security Number	
Address: (Street, City, State, Zip)			
Phone Number(s): Home: () Other: ()			
Job Title:	Department:	Shift:	
Did the injury occur on the employer premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Where?		LOCATION:	
Date of Accident / /	Normal Shift Start Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM	Worked Until End of Shift <input type="checkbox"/> YES <input type="checkbox"/> NO
Accident was reported to:			
Description of Injury (Describe how the injury occurred, be specific)			
Part (s) of Body Injured: (check <u>all</u> that apply)			
<input type="checkbox"/> Arm	<input type="checkbox"/> Face	<input type="checkbox"/> Groin	<input type="checkbox"/> Internal Organs
<input type="checkbox"/> Neck	<input type="checkbox"/> Wrist	<input type="checkbox"/> Back	<input type="checkbox"/> Finger
<input type="checkbox"/> Hand	<input type="checkbox"/> Leg	<input type="checkbox"/> Elbow	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Eye	<input type="checkbox"/> Foot/feet	<input type="checkbox"/> Head	<input type="checkbox"/> Knee
<input type="checkbox"/> Stomach	<input type="checkbox"/> Other (describe)		
Please describe the injured Body Part(s) [i.e. left foot, right thumb]:			
I hereby declare that the statements provided in this document are; to the best of my knowledge and belief, complete and true.			
Employee Signature: <small>Original Signature Required.</small>		Date:	

Instructions:

1. Inform your supervisor, Michele Zimmerman and/or Carlie Cole of your injury. Please do not seek treatment from a school nurse. Injuries should be evaluated and treated, if necessary, by a panel physician. An ambulance will be called in the event of an emergency.
2. Complete this form and forward it directly to Michele Zimmerman and/or Carlie Cole.
3. Seek medical advice from a panel physician. Or, if you choose not to treat immediately for your injury, submit this form and the Workers' Compensation Medical Treatment Waiver Form to Michele Zimmerman and/or Carlie Cole.