

**EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
WORKERS' COMPENSATION EMPLOYEE INJURY REPORT**

Instructions:

1. *If this is a life-threatening emergency, please go to the nearest emergency room.*
2. *Please contact the Employee Benefit Office at 648-7861 as well as your supervisor to notify them immediately of all injuries. At night or on weekends, contact your immediate supervisor.*
3. *If this injury requires non-emergency medical attention, please contact the Employee Benefit Office before setting up an appointment.*
4. *Report all days absent due to this injury to the Employee Benefit Office. A work status report/release form from you doctor is needed before you may return to work.*

Please complete this form in as much detail as possible. Answers all questions completely. Failure to complete this form in full may result in a delay in treatment.

Name _____ ID Number _____

Address _____ Telephone Number _____

City and Zip Code _____

Marital Status _____ Name of Spouse _____ Ages of Minor Children _____

Telephone Number of a Friend or Relative (not living with you) _____

Date of Injury _____ Time of Injury _____ Campus/Department/Location _____

Supervisor Injury Reported to _____ Date Reported _____

Time Employee reported to work on the day of the injury/accident _____

Will you have any time loss due to this injury? _____

Describe **in detail** how this accident happened _____

What part of your body was injured (*left leg, index finger, etc.*)? _____

Describe **in detail** the type of injury sustained (*bruising, swelling, cut, etc. – be more specific than using terms like hurt, pain, soreness*) _____

What were you doing prior to the accident? (Describe the activity, as well as the tools, equipment or materials you were using. **Be specific**) _____

Have you done this job before? _____ Was this job done in accordance with safety instructions? _____

Was safety equipment provided? _____ Was it in use? _____ Is there a safer way this job can be done? _____ If yes, please explain _____

Do you feel that you were in good health when you reported to work on the day of the accident? _____ If no, please explain _____

I affirm that all the information given above is a true and correct statement.

Employee Signature

Date