



Supervisor's Report of Injured Worker

Please send to Employee Benefits Specialist Immediately

Instructions:

- Call Company Nurse at 855-602-5267. Search Code VCS13
- Supervisor's Report must be completed & emailed the same day to marce@pleasantvalleysd.org
- Immediately provide employee with an Injured Worker Packet.

Employee:	Site:	Position:
# hours/day:	# days/week:	Time begin work:

Date/Time of Injury/Illness: _____ Incident Address: _____

Date/Time Reported by Employee: _____ Date last Worked: _____

Reported to (name/title): _____ Date Returned to Work: _____

Claim form given to employee on: _____ by: _____

Did employee leave work? No Yes: date: _____ time: _____

Reason for delay in reporting, if any: _____

Location where event or exposure occurred (classroom, kitchen...): _____

Describe the injury/illness and part(s) of body affected (left lower leg sprain, etc.): _____

What was the employee doing when the event occurred, include any equipment, materials or chemicals employee used if any: _____

Who caused the injury? Employee Other: name/title _____

Were other employees injured/ill in this event? No Yes

Any witnesses? No Yes: name/title: _____

Did/will employee seek medical treatment? No Yes - if yes, check below:

Concentra, 4934 Verdugo Way, Camarillo 93012 805-484-0095

Other (**Must be WellComp Network Provider or employee's pre-designated physician**):

Name/Address/Phone: _____

Do you have reason to believe this is not an industrial accident? (Example: limping before accident)? No Yes

If yes, explain why: _____

Supervisor/Designee: _____

Site/Dept: _____

Supervisor/Designee Signature: _____

Date: _____