FIRST REPORT OF EMPLOYEE INJURY/ILLNESS

*****All injuries must be reported immediately*****

Employee's Name & Job Title/Position _____ Supervisor _____

Address _____ City _____ State _____ Zip _____ Home/Cell # _____

SSN _____ DOB _____ Witness(es) _____

Time & Place:

- At what school/Site was the employee injured? _____
- Where did the injury occur? _____
- Date & Time of Injury _____

Describe fully how injury occurred and what employee was doing when injured:

_____

_____

_____

_____

List all injuries and specify body parts involved. (eg right hand or left hand):

_____

_____

_____

_____

Will/did the employee go to Urgent Care for treatment? Yes No Not at this time

If yes, which Urgent Care:

Piedmont Urgent Care
700 Sullivan Rd
Statesville, NC 28677
704-924-9111

Piedmont Urgent Care
125 Days Inn Drive
Mooresville, NC 28117
704-660-9111

FastMed
252 Turnersburg Hwy
Statesville, NC 2862
704-818-0369

FastMed
168 Norman Station
Mooresville, NC 28117
704-235-0686

_____ _____

Signature of employee Date

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Please email or fax this form to Jessica Hartman at jessica_hartman@iss.k12.nc.us or 704-872-2553.

Revised 5/3/2023