Hazelwood School District
"A Culture of High Expectations and Excellence!"

REPORT OF INJURY

☐ **STUDENT** ☐ **STAFF** **PRINT ONLY**

BUILDING _____TODAY'S DATE_____ JOB TITLE_____

NAME_____ I.D._____TELEPHONE _____

ADDRESS _____ CITY_____ STATE_____ ZIP_____

SEX_____M/F MARITIAL STATUS_____S/M/D DATE OF BIRTH_____ _____DATE OF HIRE_____

DATE OF INJURY_____TIME OF INJURY_____AM/PM DATE SUPERVISOR NOTIFIED_____ TIME NOTIFIED_____AM/PM

WITNESS TO ACCIDENT_____ LAST DAY WORKED_____

DESCRIPTION: **Describe specifically how injury happened and appearance of injury,** (if more room is needed please continue on the back of form).

_____

_____

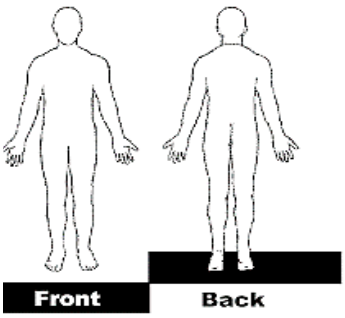
_____

☐ **NATURE OF INJURY**: Indicate (by **Number**) the injuries/symptoms incurred. (Record **Numbers** in boxes at left.)

1 Abrasion/Scrape	5 Dislocation (possible)	9 Human/Animal Bite	13 Struck By or Against
2 Burns/Scalds	6 Fall	10 Insect Bite	14 Swelling/Inflammation
3 Concussion (possible)	7 Fracture/Broken (possible)	11 Puncture	15 Vehicle Accident
4 Cuts/Laceration	8 Fumes and Ingestion	12 Sprain/Strain/Tear	16 Other _____

☐ **AREA AFFECTED:** Indicate (**by Number**) the affected area. (Record **Numbers** in boxes at left.)

1 Check	6 Head	11 Back	16 Genitalia	21 Ankle	26 Knee
2 Chin	7 Mouth/Tongue/Lip	12 Buttocks	17 Internal	22 Arm	27 Leg
3 Ear	8 Neck	13 Chest/Ribs	18 Pelvis	23 Elbow	28 Toe
4 Eye	9 Nose	14 Collarbone	19 Shoulder	24 Finger	29 Wrist
5 Forehead	10 Tooth/Teeth	15 Foot	20 Abdomen	25 Hand	



☐ **CAUSE OF INJURY:** Indicate contributing factor (by **Number**). (Record **Numbers** in boxes at left.)

1 Compression/Pinch	3 Contact with Fire (hot object/liquid)	5 Unknown
2 Contact with Equipment	4 Foreign Body/Object	6 Other _____

☐ **LOCATION:** Indicate location (by **Number**) where injury occurred. (Record **Numbers** in boxes at left.)

1 Athletic Field	5 Gymnasium	9 Sidewalk/Stairs/Ramp
2 Auditorium/Theater	6 Lunchroom/Kitchen	10 Street/Driveway/Parking Lot
3 Classroom	7 Playground/Playfield	11 Restroom/Lavatory
4 Hallway	8 Bus	12 Other

EQUIPMENT: Was Equipment or apparatus involved in injury? Yes _____No _____

IF YES, Specify Equipment _____ (a) Did equipment appear to be used appropriately? Yes____ No ____

(b) Was there any apparent malfunction of equipment? Yes____ No ____

ACTION TAKEN: *Check and complete all that apply:*		**BY WHOM**	**TIME**
A_____	First Aid administered _____		am/pm
B_____	Checked by school nurse _____		am/pm
C_____	Parent/Guardian notified (Name) _____		am/pm
D_____	Returned to current activity _____		am/pm
E_____	Sent/Taken home by_____		am/pm
F_____	Called 911 (Comments) _____		am/pm
G_____	Referred for medical or other evaluation _____		am/pm
H_____	Medical evaluation refused_____		am/pm
I _____	Restricted school activity Yes ___ No ___ If Yes How _____ *(length of time)* _____		am/pm
J _____	Other *(Specify)* _____		am/pm
K_____	Benefits Coordinator notified_____		am/pm

_____ _____

Nurse or Person Making Report Signature **Principal/Supervisor Signature**

Student Injury- *Return form to:* studentincidents@hazelwoodschools.org

Staff Injury- *Return form to:* workerscomp@hazelwoodschools.org

FORMS ARE DUE WITHIN 24 HOURS OF INJURY *Revised 09/2019* **PLEASE DO NOT HOLD FORM FOR SIGNATURE**