

Employee Injury Report

This form is to be used in reporting occupational injuries and/or illnesses for AAPS employees' immediately after occurrence and must be submitted to AAPS Human Resources within three days.

Date of Injury: _____ School/Building of Injury: _____						
Address of Building: _____						
City/State/Zip: _____						
Area of Building where injury occurred: _____						
Employee Name: _____ Birthdate: _____						
Employee Address: _____						
City/State/Zip/County: _____						
Personal Phone: _____ Work Phone: _____						
Gender: _____	Occupation: _____					
Describe the sequence of events leading to and resulting in the injury. Include what employee was doing, how the injury occurred, equipment involved, conditions. Continue on back or attach additional sheets if necessary.						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Did you seek treatment at Concentra</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 10%;"></td> </tr> </table>		Did you seek treatment at Concentra	Yes		No	
Did you seek treatment at Concentra	Yes		No			
Part(s) of body injured (include left, right): _____						
Witness Information, continue on back or attach additional sheet if necessary:						
Name: _____	Phone: _____					
Additional Comments – Continue on back if needed:						