

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	AFC Urgent Care 210 Turnersburg Hwy, STE C Statesville, NC 28625 704-924-4740	AFC Urgent Care 295 Williamson Rd, STE A Mooresville, NC 28117 980-444-2003
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Signature of employee

Date

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

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