



## EMPLOYEE'S REPORT OF INJURY

### Information About You

Your Name: \_\_\_\_\_ **Social Sec #** \_\_\_\_\_  
Address: \_\_\_\_\_ **D.O.B:** \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Marital Status:    S       M       D       W       Sex:    M       F     
Children under 18 (sex and age): \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Average Weekly Wage: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Days & Hours Worked: \_\_\_\_\_  
Other Employment: **None** \_\_\_\_\_

### Information About Accident

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  
Place of Accident: \_\_\_\_\_  
\_\_\_\_\_  
What were you doing before the accident? \_\_\_\_\_  
\_\_\_\_\_  
What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Witnesses, if any: \_\_\_\_\_  
\_\_\_\_\_  
Who did you report the injury to? \_\_\_\_\_  
\_\_\_\_\_  
What date did you report it? \_\_\_\_\_  
\_\_\_\_\_

**Information About the Injury**

What part of your body was injured? \_\_\_\_\_

Any other part or parts injured? \_\_\_\_\_

What kind of injury (strain, cut, broken bone)? \_\_\_\_\_

Exact location of pain(s): \_\_\_\_\_

**Information About Treatment**

What doctor is treating you (name, address, phone #)? \_\_\_\_\_

Who is your family doctor? \_\_\_\_\_

What clinic is treating you? \_\_\_\_\_

What hospital is treating you? \_\_\_\_\_

What treatment are you getting (medication, physical therapy, rest, etc.)? \_\_\_\_\_

Has the doctor told you to be off work? \_\_\_\_\_

**General Information**

Have you ever injured the same part of your body before? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever injured any other part of your body before? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have any serious illness (Diabetes, High Blood Pressure, etc.)? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you understood the questions you have answered? \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_