

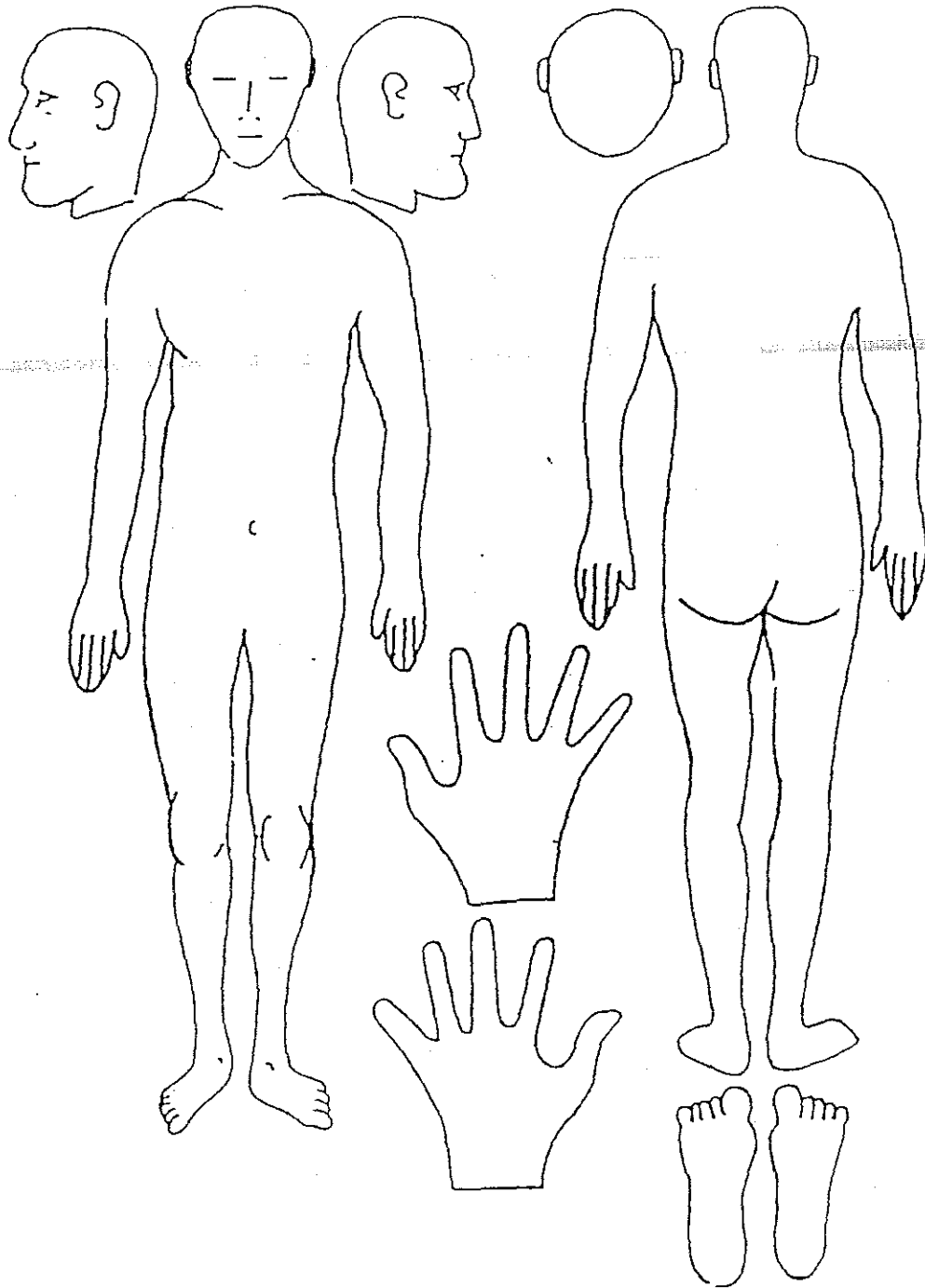
Employee's Statement of Injury

Injured Employee must complete all questions in own handwriting. (Use another sheet if more space is needed.)

Name:		Employee # (# on paycheck):	
Work Phone:	Home Phone:	Cell Phone:	
Dept:		Job Title:	
Supervisor's Name and Title:		Supervisor's Phone:	
Describe the nature of all injuries:			
Explain exactly what happened:			
Names of Witnesses:			
Date & Hour Injury Occurred: ____/____/____.m.		Date & Hour Injury Reported to Your Supervisor: ____/____/____.m.	
To whom did you report the injury?			
Where did injury occur?			
Describe anything you were doing differently than usual:			
Date & Time You First Saw Doctor: ____/____/____ __.m.			
First Full Day/Shift Missed Due To This Injury (not including the day of injury): ____/____/____			
Names of all doctors you have seen for injury:			
Describe any past complaints, injuries, or treatments relating to the same part of your body:			
The above statement is true and complete to the best of my knowledge and belief.			
Employee's Signature: _____ Date: ____/____/____			

Date: _____ Injured Person's Name _____

PERSONAL INJURY INFORMATION



SHADE IN AROUND INJURED AREA:

DESCRIBE INJURY: _____

