

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: ____/____/____		