

EMPLOYEE'S STATEMENT OF INCIDENT

(To be completed by injured employee)

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

Name: _____ Phone Number-Day: _____
Address: _____ Phone Number-Night: _____
City: _____ State: _____ Zip Code: _____

Department: _____ Job: _____ Supervisor: _____

Date & Hour Injury Occurred: _____/_____/_____ Afternoon AM [] PM []

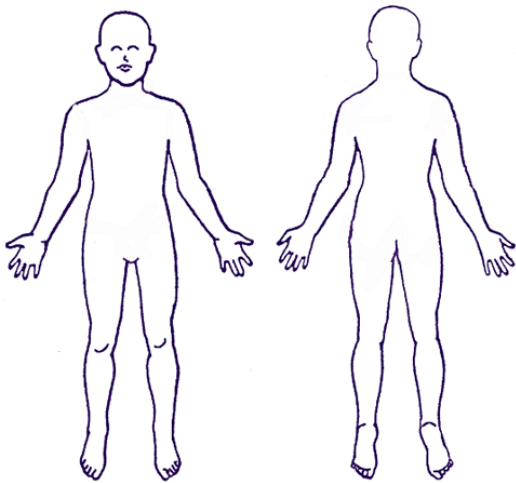
Where did this occur: _____

Date & Hour You Notified Employer: _____/_____/_____ Afternoon AM [] PM []

Reported to Whom: _____

Names of Witnesses: _____

Explain exactly what happened: _____



Describe the nature of all injuries, identifying the parts of your body that were injured; please circle parts of body injured on diagram.

What were you doing at time in injury?

Describe anything you were doing differently than usual.

Have you had complaints to the same part of the body in the past?

Date & Time you first saw doctor: _____/_____/_____ AM [] PM []

Names of all doctors you have seen for injury: _____

First full day/shift missed due to this injury: _____/_____/_____ AM [] PM []

I have read the above statement and it is true and complete to the best of my knowledge.

Employee's Signature: _____ Date: _____