

EMPLOYEE INJURY REPORT

(To be filled out and mailed to Central Office immediately)

2601 Bemiss Road, Suites J - M, Valdosta, GA 31602

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Sex: Male _____ Female _____ Date of Birth _____ - _____ - _____ Age _____ Telephone _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Place of accident (with address) _____

County _____ Date of Occurrence _____ - _____ - _____ Time of Day _____ a.m. _____ p.m.

Time work day began on date of injury _____ Date employer made aware of injury _____

Describe fully the accident. Include the following information: What was employee doing at time of injury? _____

Who was present at time of injury/accident?

Name _____

Address _____

Name _____

Address _____

How did accident occur? _____

Describe direct cause of injury _____

Indicate the part of body affected _____

Name and Address of Treating Practitioner (selected from panel): _____

Name and address of hospital, if hospitalized _____

Did employee work the day following the injury? Yes No

First date employee failed to work a full day _____

If employee left work on day of accident, state exact time _____ a.m. _____ p.m.

Employee Signature

Date

Use reverse for additional information

Employee Injury Report (Cont'd)

FOR SUPERVISOR

DATE _____

Cause of injury _____

Was injury caused by employee negligence or violation of rules? Yes No

Could this injury have been prevented? Yes No

Are there recommendations of disciplinary action or corrective measures? Yes No

Do you agree with the account on the front page? Yes No If not, explain _____

Recommendation to prevent recurrence: _____

Signature of Supervisor

Date

I have reviewed this report and recommended the following: _____

Program Director

Date

Executive Director

Date