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## Employee Accident Injury Report Form 2022 – 2023

Date of Report:

Date of Accident/Injury:

Name of Injured:

SSN:

Injured Address:

Telephone:

DOB:

Sex: \_\_\_ F \_\_\_ M

Time of Injury: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Location:

Did accident/injury occur on the premises of the employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

Description of Injury (i.e. burn, cut, fall, sprain) etc.:

Place of injury (i.e. arm, foot, head, left hand, leg, right hand) etc.:

Description of what caused the injury:

- **In the event of a serious medical emergency, DIAL 911**
- How does the employee wish to be seen? \_\_\_\_\_ Telehealth \_\_\_\_\_ Concentra
- If you decline medical assistance/care, please explain your reasoning:

Transportation to Medical Facility:

Was First-aid administered? (i.e. bandage, compress, ice pack) etc. \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please **describe** the first-aid administered and by whom it was administered:

Please email this completed form to [socha.brown@eastpointeschools.org](mailto:socha.brown@eastpointeschools.org) The form must be submitted to Socha Brown within 48 hours of the injury date.

Signature of the Employee: \_\_\_\_\_

Person Completing Report (Please print): \_\_\_\_\_

ADMINISTRATION BUILDING // 24685 KELLY ROAD // P: 586.533.3028 // F: 586.533.3013 // EASTPOINTESCHOOLS.ORG

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