

Appendix E

Employee's Notice of Injury

Name _____ ID Number _____

Home Mailing Address _____
Street City State Zip County

Home Phone Number _____ Date of Birth _____
mm/dd/yy

Marital Status _____ Number of Dependent Children _____

Supervisor's Name _____

Date of Injury _____ Time of Injury _____ am pm

Location where injury occurred _____

How did the accident happen? _____

What part of your body was affected? _____

Nature of the injury (sprain, break, bruise, etc.) _____

Witnesses, if any _____

Have you been to a doctor or hospital? _____yes _____no

Doctor's or Hospital's Name _____

Doctor's or Hospital's Phone _____

Doctor's or Hospital's Address _____
Street City State Zip

Person Reporting Injury

Date