

FREDERICK COUNTY PUBLIC SCHOOLS

WC-1

Employee Statement of Injury or Illness

Name (last, first, middle)		SSN	DOB	Sex	Marital Status
Address (incl zip)				Telephone	
Work Address		Department/Location		Work Phone	
Name of Supervisor	Time Work Began	Date of Injury/Illness	Time of Occurance	Date Hired	
Job Title	Last Date Worked	Date Employer Notified	Date Disability Began	FT or PT?	
Did Injury Occur on Employer's Premises?	Location Where Injury Occurred?		Activity Employee Was Engaged In at Time of Injury		
Was Activity Part of Usual Job Duties?	To Whom Did you Report It?		Type of Injury/ Illness		
How Injury Occurred? Describe Sequence of Events and Any Objects or Substances That May Have Contributed					
Body Part(s) Affected		First Aid or On-site Treatment Received			
Was Treatment, Other Than First-Aid, Sought?		Type and Reason For Treatment?			
Physican/ Health Care Provider Where Treatment Was Obtained (name and address)					
Witnesses (inclde name, title and how witnessed)					
All Equipment, Materials or Chemicals Employee Was Using At the Time?					
Have You Previously Injured the Same Body Part? If "Yes", Explain.					
Were Safeguards/Safety Equipment Available? (list)			Were They Used?	Return to Work Date	
Any Other Pertinent Information Not Already Provided					
All answers on this form are true to the best of my knowledge. I have read this form and agree to its content.					
Employee Signature			Date		

FREDERICK COUNTY PUBLIC SCHOOLS

WC-2

Supervisor Statement of Injury or Illness

Injured Employee Name		Your Name	
Employee Title		Your Title	
Work Address		Department/Location	Work Phone
Date/Time You First Learned of Injury	Time Work Began	Date/Time of Injury/Illness	Last Date Worked
Who Reported the Injury/ How Did You Become Aware of It?		First Aid or On-site Treatment Received	
Was Treatment, Other Than First-Aid, Sought?		Body Part(s) Affected	
Description of Injury/ Employee Reaction to Injury as It Appeared (I.e. bruise on left hand, limp)			
Did Injury Occur on Employer's Premises?	Location Where Injury Occurred	Activity Employee Was Engaged In atTime of Injury	
Was Activity Part of Usual Job Duties?	Where You Were at Time of Injury?	Type of Injury/ Illness	
Employee's Version of Events as Reported? Describe Sequence of Events and Any Objects or Substances That May Have Contributed			
Any additional Information Obtained From Witnesses/ Own Observations			
Physican/ Health Care Provider Where Treatment Was Obtained (name and address)			
Witnesses (inclde name, title and how witnessed)			
Witnesses You Spoke With			
Has Employee Returned to Work?	Did Employee Miss Any Time From Work? If Yes, What Dates?		Date Employee Returned
Were Safeguards/Safety Equipment Available? (list)		Were They Used?	Did Employee Complete Shift?
Any Other Pertinent Information Not Already Provided			

All answers on this form are true to the best of my knowledge. I have read this form and agree to its content.

Supervisor Signature	Date
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FREDERICK COUNTY PUBLIC SCHOOLS

WC-3

Witness Statement of Injury or Illness

Injured Employee Name		Your Name	
Employee Title		Your Title	
Work Address		Department/Location	Work Phone
Date/Time of Injury/Illness		Where You Were At Time of Injury	
Location Where Injury Occurred		Body Part(s) Affected	
Description of Injury/ Employee Reaction to Injury as It Appeared (I.e. bruise on left hand, limp)			
Was Activity Part of Usual Job Duties?	Type of Injury/ Illness	Activity Employee Was Engaged In atTime of Injury	
Activity You Were Engaged In at Time of Injury/ How You Came To Witness It			
Witness's Version of Events as Observed? Describe Sequence of Events and Any Objects or Substances That May Have Contributed			
Did the Employee Make Any Comments or Provide Any Explanation of the Events? If So, Explain.			
Were Safeguards/Safety Equipment Available? (list)		Were They Used?	Did Employee Complete Shift?
Any Other Pertinent Information Not Already Provided			

All answers on this form are true to the best of my knowledge. I have read this form and agree to its content.

Witness Signature	Date
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