Employee Accident Report

Employee Name: _____ Date of Birth: _____ Date of Hire: _____
Job title: _____ Department: _____ Supervisor's name: _____

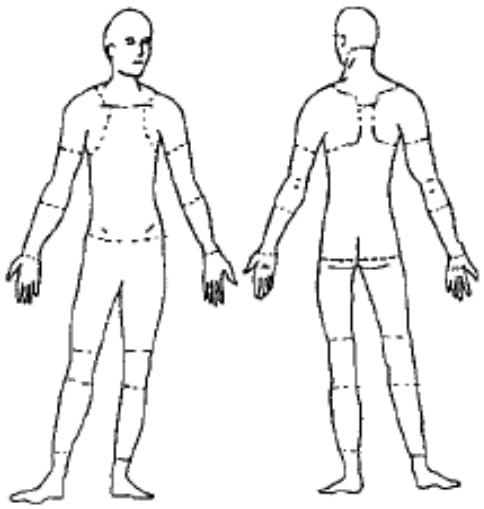
Date of Accident: _____ Time of Accident: _____ AM/PM
Accident Reported to Whom: _____
Date Reported Accident: _____ Time Reported Accident: _____ AM/PM

What job were you doing when injured? _____

Did you leave work as a result of the injury? ___ yes ____ no
Did you seek medical attention immediately following the injury? ____ yes ____ no
If so, from whom did you seek medical attention? _____

Provide an exact description of how the accident occurred: _____
_____
_____
_____
Provide an exact description of the body part or parts affected by the accident: _____
_____
_____

Place an "X" in the exact location of all injuries:



BODY PART AFFECTED: ☐ RIGHT ☐ LEFT

☐ HEAD	☐ NECK	☐ SHOULDER	☐ HIP
☐ FACE	☐ CHEST	☐ UPPER ARM	☐ THIGH
☐ EYE(S)	☐ RIBS	☐ ELBOW	☐ KNEE
☐ EAR(S)	☐ TRUNK/TORSO	☐ FOREARM	☐ SHIN/CALF
☐ NOSE	☐ ABDOMEN	☐ WRIST	☐ ANKLE
☐ UPPER BACK	☐ GROIN	☐ HAND	☐ FOOT
☐ LOWER BACK		☐ FINGERS	☐ TOE(S)
☐ RESPIRATORY	☐ CIRCULATORY		☐ OTHER

Have you ever experienced pain or injury to the same or similar body parts before the accident? _____ yes _____no

If so, explain when this occurred and the body part which was affected by pain or injury:_____
_____
_____

Have you ever sought medical or chiropractic treatment for pain or injury to the same or similar body parts?
_____yes ____no

If so, identify each medical or chiropractic provider: _____
_____

List the names of every person who you believe saw your accident:
_____

List the names of every co-employee with whom you spoke about your accident:
_____

I CERTIFY THAT MY ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE

Signature: Today's Date: