



EMPLOYEE'S REPORT OF INCIDENT AND INJURY

PLEASE PRINT IN INK
(To be completed by employee)

Name Social Sec. No.

Home Address Birth Date Sex: Male Female

City/State/Zip Telephone

Date of injury or onset of symptoms Time am pm

Describe what caused the injury/symptoms, what you were doing just before the incident, and what you did after the incident (if you need more space, write on the back of this form). Be specific - name any objects or substances involved:

Did anyone see you get hurt? Yes No If yes, who?

Did you report his incident to anyone? Yes No If not, why not?

If yes, to whom did you report it? Title/Position When?

What part(s) of your body was/were affected? (BE SPECIFIC: for example, right elbow, left knee, right index finger):

What type of injury did you experience? (BE SPECIFIC: for example, bruise, scrape, laceration, pull)

Was any first aid provided at the scene? Yes No If yes, describe:

Did you seek other medical treatment? Yes No If yes, when?

Where? If treatment was not sought immediately, explain why:

Is this an aggravation of a previous injury/symptom? Yes No If yes, when were you last treated for the previous injury?

By whom or where?

Have you ever had a similar injury? Yes No If yes, describe other injury:

Medical Release

Under current workers' compensation provisions, the employer is entitled to a signed medical release

I hereby authorize any person or persons who have in the past or will in the future medically attend, treat or examine me, or any person who may have information of any kind which may be used to reach a decision in any claim for injury or disease arising from the injury/illness described above, to disclose such information to my employer, my employer's managed care organization, or to my employer's designated representative, CompManagement, Inc., a Sedgwick CMS company. A copy of this form will serve as the original.

Employee Name (print)

Employee Signature Date (required)