



EMPLOYEE: Please provide the information requested.

Name:

Telephone Number:

_____ First Name

_____ Last Name

Address:

Date of Birth:

Marital Status:

Gender:

Job Title:

Date of Incident:

Date Reported:

Name of Witness:

What type of injury did you incur?

What part(s) of your body were injured?

Example: cut, bruise, bite, etc.

Describe, fully, how the incident/injury occurred:

Was Nurse called?

Yes No

Time:

Date:

Treatment Required:

Authorization for Treatment given?

Yes No Refused

Program Supervisor Notified:

Yes No Date: _____

Signature: _____

Date: _____

[mm/dd/yyyy]

SUPERVISOR SIGNATURE

Signature: _____

Date: _____

[mm/dd/yyyy]