

EMPLOYEE **NURSING** **CARPENTRY APPRENTICE** **INTERN**

Name: _____ Social Security #: _____

Home Address/City/Zip Code: _____

Phone Number: _____ Date of Birth: ____/____/____ Gender: Male Female

*** EMPLOYEE**

Date of Hire: ____/____/____ Job Title: _____ Work Site: _____

Time Started: _____ Time Left: _____ Work Hrs: _____ Work Days: _____

*** NURSING / CARPENTRY / INTERN**

What time did you:

Start Class: _____ Leave Class: _____ Class Begin Date: ____/____/____ Class End Date: ____/____/____

School site: _____ Class Hrs: _____ Class Days: _____

INJURY/ILLNESS INFORMATION

Type of Incident: Injury First Aid Date of Injury/Incident: _____ Time: _____ am
 pm

Date Reported: ____/____/____ Name/Title of whom you reported to: _____

How did you report the injury/incident? In person Phone Other _____

Did anyone witness the injury? Yes No If yes, Who: _____

Was anyone else injured? Yes No If yes, Who: _____

Where did injury/incident occur? (Be specific, including name of building, address, & room number, if applicable)

What were you doing when the injury/incident occurred? (state any equipment, materials and/or chemicals involved)

Describe how the injury occurred: (Example: I was walking down the stairs, tripped & fell injuring right knee on the cement; I was lifting a box, felt sharp pain in lower back.)

What body part(s) were injured? _____

Have you ever had previous trouble with this part of your body? _____ When? _____

Was there anything that could have been done to prevent the injury? _____

MEDICAL TREATMENT

Are you seeking medical treatment at this time? No Yes (if no, complete Declination of Treatment form)

If yes, name of doctor / facility: _____

INJURED SIGNATURE

This is an accurate statement, in my own words, which describes my accident and/or injuries.

Warning: Any person who makes a false or fraudulent written or oral statement for the purpose of obtaining workers' compensation benefits or payments is guilty of a felony. Penalties include fines, imprisonment or both.

(Signature)

(Please Print Name)

Date: _____