

Farmington R-7 School District Health Services

Employee Injury Report

(to be completed by the employee or supervising staff)

Building \_\_\_\_\_

Principal \_\_\_\_\_

Employee Name \_\_\_\_\_ Today's date \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Marital status \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ # of Dependents \_\_\_\_\_

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Date of injury \_\_\_\_\_ Time of injury \_\_\_\_\_

Witnesses (adults only) \_\_\_\_\_

Location of employee when injured \_\_\_\_\_

Injured suffered \_\_\_\_\_

Describe how injury occurred \_\_\_\_\_

List actions taken \_\_\_\_\_

Time dismissed \_\_\_\_\_ Dismissed to \_\_\_\_\_

Report completed by \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Danielle Owens at the Board of Education Office (701-1300 x 2004) immediately to report an injury. It is necessary to receive prior approval to any medical treatment. Any employee needing emergency medical attention will need to go MARMC (the school district's workmen's comp hospital)

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Date and time sent to B.O.E. \_\_\_\_\_

Follow-up date and assessment \_\_\_\_\_

F/up assessment completed by \_\_\_\_\_

This report should be filed with the school nurse in the building where the injury occurred.