

***Weld County School District RE5J
Employee First Report of Injury***

Note: Weld County School District RE5J requires that any employee who has had a work-related incident, which results in injury, must report the incident immediately to his/her supervisor and complete this form. Loss of benefit penalties may be imposed if you fail to complete this form and return it to your supervisor or district office within 24 hours. Employee must complete each section of this form and return copy or original to the District Administration as soon as possible, so this report can be filed with the District's workers' comp carrier. Failure to do this may result in employee responsible for payment to doctor's office.

A. Critical Information

Employee's Name: _____
 First Middle Last

SSN: _____ Phone: _____

Address: _____
 Number/P.O. Box City Zip

Date of Birth: _____ Marital Status: _____

Hire Date: _____ How long employed by District? _____

B. Accident Information

Date of Injury: _____ Time of Injury: _____

Last Day Worked: _____ Date Employer Notified: _____

Who did you notify: _____

Place of accident/injury: _____

Accident Address: _____

Names of Witnesses: _____

Describe affected body parts injured: _____

Please explain how accident/injury occurred in space provided below: (please print legible)

Employee's recommendations for corrective action to prevent incident from occurring in the future:

Employee's Signature

Date

EMPLOYEE'S REPORT OF INCIDENT

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I, _____ employed by **Weld County School District RE-5J** was involved in a work-related incident, which resulted in an injury.

These are the locations of the four approved designated providers.

Workwell Occupational Medicine - Greeley
2528 W 16th St
Greeley, CO 80634
Telephone: 970-356-9800

Banner Occupational Health Colorado
1703 E. 18th Street, Bldg 4
Loveland, CO 80538
Telephone: 970-820-4580

Banner Occupational Health Colorado-NCMC
1517 16th Ave Ct
Greeley, CO 80631
(970) 810-6810

UCHEALTH-PVMG-OCC-Health-Loveland
221 E 29TH Street, STE 102
Loveland, CO 80538
(970) 624-3355

If you plan to seek medical treatment, please indicate below which location you will be going to:

Greeley _____ Loveland _____ None _____

I **do not** plan on seeking medical treatment: Initial here: _____

Signed: _____ Date: _____