

Employee Accident Report

Employee Name: _____ Date of Birth: _____ Date of Hire: _____
Job title: _____ Department: _____ Supervisor's name: _____

Date of Accident: _____ Time of Accident: _____ AM/PM
Accident Reported to Whom: _____
Date Reported Accident: _____ Time Reported Accident: _____ AM/PM

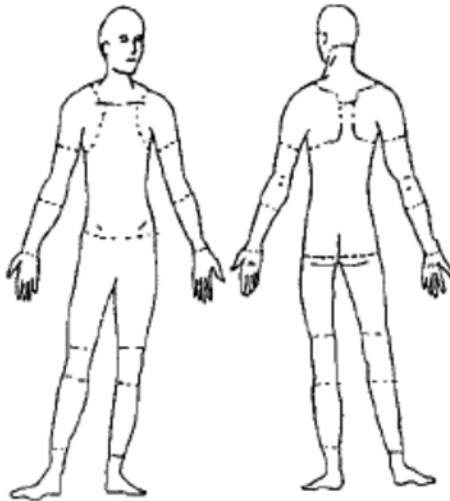
What job were you doing when injured? _____

Did you leave work as a result of the injury? yes no
Did you seek medical attention immediately following the injury? yes no
If so, from whom did you seek medical attention? _____

Provide an exact description of how the accident occurred: _____

Provide an exact description of the body part or parts affected by the accident: _____

Place an "X" in the exact location of all injuries:



List the names of every person who you believe saw your accident: _____

List the names of every co-employee with whom you spoke about your accident:

Have you ever experienced pain or injury to the same or similar body parts before the accident? yes no

If so, explain when this occurred and the body part which was affected by pain or injury: _____

Have you ever sought medical or chiropractic treatment for pain or injury to the same or similar body parts? yes no If so, identify each medical or chiropractic provider: _____

I CERTIFY THAT MY ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE

Signature: _____ Today's Date: _____