

JEFFERSON COUNTY SCHOOL SYSTEM
EMPLOYEE 1ST REPORT OF INJURY FORM

SCHOOL: _____ POSITION: _____

ADDRESS: _____ PHONE: _____

NAME OF INJURED: _____ SSN#: _____

EMPLOYEE ADDRESS: _____

DATE OF BIRTH: _____ GENDER: _____ HOME PHONE: _____

HIRE DATE: _____ JOB STATUS: FULL/PART TIME WAGE: _____

DATE OF INJURY: _____ TIME OF INJURY: _____ A.M. OR P.M.

TIME EMPLOYEE BEGAN WORK ON INJURY DATE: _____ A.M. OR P.M.

DESCRIPTION OF INJURY: Be specific. Indicate the part of the body affected. (Example: I sprained my right wrist or I strained my lower back.)

HOW DID THE ACCIDENT OCCUR: Tell what happened and how it happened (Example: I was walking in the parking lot when I stepped on a patch of ice, lost my balance and fell onto the pavement.)

DID INJURY OCCUR ON EMPLOYER'S PREMISES? _____ YES _____ NO

IF NO, ADDRESS WHERE INJURY OCCUREED: _____

NAME AND ADDRESS OF PHYSICIAN CONSULTED, IF ANY: _____

TREATMENT, IF ANY: _____

EMERGENCY ROOM OR HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL, IF ANY: _____

NURSE

Sign and Print Name Date

Signature of Injured Date

FINANCE OFFICE

Signature Date

Signature of Supervisor Date

****A copy of the accident report must be sent or faxed to the County's Finance Office IMMEDIATELY after an accident has taken place** Fax# 865 397 4537 or Email Sandi Elfast selfast@jeffersoncountyttn.gov**