

***NATURE OF INJURY**

- Abrasion
- Amputation
- Bruise
- Burn chemical
- Burn thermal
- Carpal tunnel
- Contusion
- Cut/laceration
- Dermatitis
- Dislocation

- Electrical shock
- Eye Injury
- Fracture
- Hernia
- Infection
- Irritation joint or muscle
- Other: _____
- Puncture wound
- Sprain / Strain

***BODY PART**

- Abdomen
- Ankle L R
- Arm: upper L R
- Back Upper Middle Lower
- Chest
- Elbow L R
- Finger L R
- Foot L R
- Forearm L R
- Groin
- Hand L R
- Other: _____

- Head / Face
- Hip L R
- Knee L R
- Leg L R
- Multiple: _____
- Neck
- Shoulder L R
- Thigh L R
- Thumb L R
- Toe(s) L R
- Wrist L R

TREATMENT

- No medical treatment
- Minor by employee
- Clinic / Hospital
- Panel Physician

- Employee Physician
- *Emergency care
- *Hospitalized more than 24 hrs.

NAME OF PHYSICIAN/MEDICAL CENTER ETC.

*Name of physician/facility or other medical professional providing care

*Address

*City

*State

*Zip Code

Phone/Fax Numbers

Date and Time Employer Notified

To Whom:

*Name and Title of person completing report

*Phone Number/Fax Number

*Date report completed

Injured Employee Signature

Date

*Equivalent information asked on OSHA forms (complete where applicable)