



# EASTPOINTE COMMUNITY SCHOOLS

## Employee Accident Report Form

**If it is a 911 emergency, Please call 911.**

Date of Report: \_\_\_\_\_ Date of injury: \_\_\_\_\_ Injured Employee: \_\_\_\_\_

S.S. #: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Building: \_\_\_\_\_

Home Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Work Assignment: \_\_\_\_\_ Sex: F  M

Time injury occurred: \_\_\_\_\_ A.M.  P.M.

Was the place of accident or exposure on the employer's premises? Yes  No

Nature of injury (i.e. burn, sprain, cut, etc.): \_\_\_\_\_

Part of body (i.e. right arm, left hand, head, etc.): \_\_\_\_\_

Describe the events that caused the injury:

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Was Telehealth contacted? Yes  No

Does the employee wish to be seen at the employer's clinic? Yes  No

If you do not want to go to the clinic for medical treatment, provide a reason for declining to go: \_\_\_\_\_

Was the employee transported from the building? Yes  No

If yes, please explain: \_\_\_\_\_

Was first aid administered? Yes  No

If yes, please describe what first aid and by whom it was administered:

Signature of employee: \_\_\_\_\_

Signature of person completing report: \_\_\_\_\_