Comfort Keepers Work Injury Incident Report

EMPLOYEE INFORMATION

Last Name, First Name, Middle Initial			Social Security	Date of Birth
Home Address			Sex ☐ Male ☐ Female	
City	State	Zip Code	Telephone	

INJURY INFORMATION

Date of Injury **or** onset of symptoms	Time of Injury_____ ☐AM ☐PM	Date Employer Notified	Date Last Worked

Describe what caused the injury/symptoms, what you were doing **just before** the incident, and what you did **after** the incident (if you need more space, write on the back of this form). **Be specific – name any objects or substances involved**:

Did anyone see you get hurt? ☐Yes ☐No If yes, who?

Did you report this incident to anyone? ☐Yes ☐No If Not, why not?

If yes, to whom did you report it? Title/Position When?

What part(s) of your body was/were affected? (BE SPECIFIC: for example, right elbow, left knee, right index finger)

What type of injury did you experience? (BE SPECIFICE: for example, bruise, scrape, laceration, pull)

Was any first aid provided at the scene? ☐Yes ☐No If yes, describe:

Did you seek other medical treatment? ☐Yes ☐No If yes, when? Where?

If treatment was not sought immediately, explain why?

Is this an aggravation of a previous injury/symptom? ☐Yes ☐No If yes, when were you last treated for the previous injury?

By whom or where?

Have you ever had a similar injury? ☐Yes ☐No If yes, describe other injury

Medical Release

Under current workers' compensation provisions, the employer is entitled to a signed medial release

I hereby authorize any person or persons who have in the past or will in the future medically attend, treat or examine me, or any person who may have information of any kind which may be used to reach a decision in any claim for injury or disease arising from the injury/illness described above, to **disclose such information** to my employer, my employer's managed care organization, or to my employer's designated representative, **CompManagement, Inc., a Sedgwick CMS company.** A copy of this form will serve as the original.

Employee Name (print) _____

Employee Signature: _____ Date (required) _____