Southern State Community College

Employee Injury Report Form

Location

To be filled out by injured/ill employee

General Information

Last Name	First Name	Middle Int.	Telephone Number ( )
Address (Number, Street, Apartment)			
City, State, ZIP Code			

Claimant Data

Date of Birth	Sex ☐M ☐F		Marital Status ☐Married ☐Single ☐Divorced ☐Widowed		S.S. Number
No. of Children Under 18	Height	Weight	Rate of Pay per	Education	
	Work Address				Work Telephone Number ( )
Position & Job Description					
Supervisor			Date of Hire		Days and Hours Worked
Other Employment					Supervisor
Prior Employment					Supervisor

Description of Accident

Date of Accident	Time ☐AM ☐PM	Location/Address
Description		
Reported to Whom and When		
Witnesses (Name and Telephone Number)		

Police	City/County/State	Report #
	Telephone #	
Hobbies (Health Club, etc.)		

Medical Data

Clinic or Emergency Room		Date First Seen
Inpatient? ☐ Yes ☐ No	Dates	
Hospital		
Address (Street, City, State, ZIP)		
Attending Physician		Telephone Number ( )
Family Doctor		Telephone Number ( )
Address (Street, City, State, ZIP)		
Parts of Body Injured		

NATURE OF INJURY

Abrasion _____ Fracture _____
Aspxiation _____ Laceration _____
Bite _____ Poisoning _____
Bruise _____ Puncture _____
Burn _____ Scalds _____
Concussion _____ Scratches _____
Cut _____ Shock (el.) _____
Dislocation _____ Sprain _____
Other (specify) _____

PART OF BODY INJURIED

Back _____ Arm (____R / ____L)
Chest _____ Ear (____R / ____L)
Face _____ Elbow (____R / ____L)
Finger _____ Eye (____R / ____L)
Head _____ Foot (____R / ____L)
Mouth _____ Hand (____R / ____L)
Nose _____ Knee (____R / ____L)
Scalp _____ Leg (____R / ____L)
Tooth _____ Wrist (____R / ____L)
Other (specify) _____

Prior Injuries
Prior W.C. Injuries

A person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

I hereby declare that the facts stated are true

Signed X _____ **Date** _____