

**Valley View School District 365U
EMPLOYEE'S REPORT OF INJURY**

Information About You

Your Name: _____

Address: _____

Phone #: _____

Do you have a second job? _____

Information About Accident

Date of Accident: _____ Time: _____

Place of Accident: _____

What were you doing before the accident?

What happened?

Witnesses, if any:

Who did you report the injury to?

What date did you report it?

Information About the Injury

What part of your body was injured? _____

Any other part or parts injured? _____

What kind of injury (strain, cut, broken bone)?

Exact location of pain(s):

Information About Treatment

Do you plan to seek treatment by a physician or a medical facility? _____

General Information

Have you ever injured the same part of your body before? _____

Explain: _____

Have you ever injured any other part of your body before? _____

Explain: _____

Do you have any serious illness (Diabetes, High Blood Pressure, etc.)? _____

Explain: _____

Have you understood the questions you have answered? _____

Signed: _____

Date: _____