



Injury Data Collection Form

Instructions: Injured employee's supervisor immediately completes form following work related injury and sends to agency staff responsible for reporting work related injury to third party administrator.

Employee's name:		Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:			
Home phone:		Work phone:	
Social security number:			
Location where the injury occurred:		What county was employee injured in?	
State Agency:		Division Name:	
Date of injury:	Day of the week:	Hour of the day:	
Did injury occur on employer's premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the employee paid for the entire day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date supervisor knew of the injury:		Name of supervisor:	
Occupation of injured employee:			
Date employee hired:		How long has injured employee been employed?	
Number of hours worked per day:			
Describe fully how injury occurred and what employee was doing at the time of the injury:			
What part and side of the body was injured?			
Did employee return to work?		When did employee return to work?	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was employee treated by a physician?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this a report only with no medical treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Time the employee started work the day of the injury:			
Where did injured employee go for treatment (Facility name, address and phone number)?			
Was this an ER visit?		Did injury require an overnight stay?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the injury caused by another person?		Was this due to an assault?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you question the validity of this claim? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so explain why:			