

NOTICE OF INJURY, INCIDENT OR EXPOSURE

All references to injury, incident or exposure will be referred to as an "incident" on this report.

Employee Name _____ Phone Ext _____ Hire Date _____
Department _____ Part Time Full Time SSN# _____
Home Address: _____ City _____ State _____ ZIP _____
Date of Birth _____ Home/Cell Number _____ Emp ID _____
Marital Status: Single Married Separated Divorced
Spouse's Name _____ Number of Dep. Children _____

For Office Use Only:

RATE OF PAY AT THIS JOB \$ _____ HOURLY LAST PAYCHECK WAS \$ _____ FOR _____ HRS. AVG

Date of Injury _____ Time _____ Day of Week _____
Address where injury occurred (include zip) _____
Describe in your own words how this injury occurred

What Body Part (specify left or right) _____
Were you doing your regular job? Yes No
If you were required to wear/use personnel protective equipment, were you wearing of using it? Yes No
If you were required to wear/use personnel protective equipment, what types of equipment were you using/wearing?

Was medical attention given? Yes No If so, when and by whom? _____
Was Supervisor Notified? Yes No If Yes, When? _____
Supervisor _____ Witness _____

Employee Read and Sign

- I have chosen to be treated by the following healthcare provider _____
*Please note: Health and Wellness Clinic **does NOT** accept WC.
 I decline medical treatment

Employee's Signature

Date

HR Employee, City of Midland

Date

On the diagram below, please circle the part(s) of your body where you are experiencing pain due to this injury.

