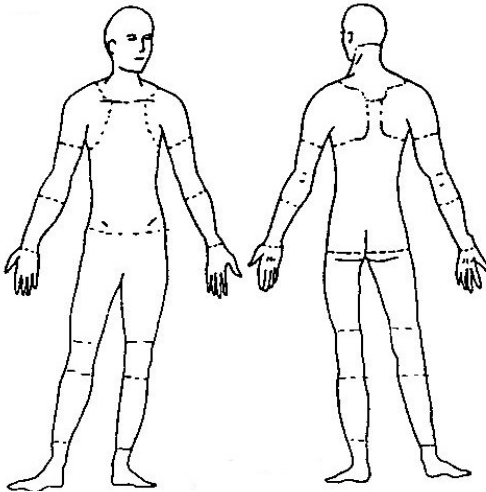


Employee Accident Investigation Form

Instructions: Employees shall use this form to report for all workers compensation claims. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and submitted to Becky Buchanan, HR Director: bbuchanan@youthfocus.org or by fax: 336-274-3622.

Your Name:	Job title:
Supervisor:	
Date of injury:	Time of injury:
What were you doing at the time and how did the injury occur?	
Where, exactly, did it happen?	
What parts of your body were injured?	
	
Did you lose time from work? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, date & time you left? _____ Date & Time you returned to work? _____	
Names of witnesses (if any):	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where did you go? _____ Date and time you were treated: _____	
Any Prior Insurance Workers' Compensation Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____ Is so, who was the treating physician? _____ What body part(s)? _____	

If medical treatment was provided, did the Physician write any prescription(s) due to this injury? ☐ Yes ☐ No

If so, please list medications: _____

Gender: ☐ Female ☐ Male Date of Birth: _____ Height: _____ Weight: _____ lbs.

List any current medical problems/conditions:

Were you taking any medications prior to the accident? ☐ Yes ☐ No

If yes, please list: _____

If injury resulted to the Employee, please provide the following:

Date/Time Supervisor was notified: _____

Treatment/Intervention (Check all that apply)

First Aid: _____ Doctor's Visit: _____ Emergency Room: _____

Note: In the event of employee injury, the employee must contact the workplace injury triage and reporting service, Medcor (800-775-5866), and discuss the injury with a medical professional. The medical professional will direct the care of the injured if outside treatment is advised.

The following panel providers must be used: Urgent Medical & Family Care (8:00 am – 9:00 pm, M-F; 8:00 am – 6:00 pm, S&S); or Moses Cone Hospital Emergency Dept., if Urgent Medical & Family Care is not available. High Point employees may go to the High Point Regional Hospital for on-the-job injuries.

Employee Information:

Address: _____ Phone: _____

City/State/Zip: _____

Date of Birth: _____ SS#: _____

Employee Signature _____ Date: _____

Supervisor Signature: _____ Date: _____