Berlin Central School District
Employee Injury/Illness Report

Section A - To be completed by employee only:

Name: ______ Today's date: ______

Address: ______ Telephone: ______

______ Date of birth: ______

Social Security #: ______ Sex: ______ Date of hire: ______

Job Title: ______ E-Mail address: ______

Date of injury/incident: ______ Time of injury/incident: ______ ☐ AM ☐ PM

Building/Area Where Injury Occurred: ______

When was your supervisor first advised of the injury/illness? Date: ______ Time: ______ ☐ AM ☐ PM

Names of Witnesses (if any):

______

What were you doing at time of injury/illness? (i.e. Walking up stairs, walking on sidewalk, etc.):

______

______

Specific location where injury/illness occurred. (i.e. Stairs by main entrance, football field bleachers, etc.):

______

______

How did injury/illness occur? (i.e. Slipped on ice, struck by object, etc.):

______

______

Specific body part(s) affected:

______

Nature of injury (i.e. Sprain/strain, laceration, contusion):

______

Did you return to work after injury/illness? ☐ Yes ☐ No

Where did receive your first medical treatment for your injury/illness? ☐ None received

☐ School Nurse ☐ Emergency room ☐ Doctor's office ☐ Clinic/Urgent Care ☐ Hospital stay over 24 hours

Name and address where you were treated:

Are you still being treated for this injury/illness? ☐ Yes ☐ No

Do you remember having a similar injury to the same body part(s) or a similar illness in the past? ☐ Yes ☐ No

If yes, were you treated by a doctor? ☐ Yes ☐ No

If yes, provide the name and address of the doctor(s) providing treatment:

Was the previous injury/illness work related? ☐ Yes ☐ No

If yes, were you working as an employee of Berlin Central School District? ☐ Yes ☐ No

Employee Signature: Date:

Section B - To be completed by administration only:

Date/Time you were notified of the injury/illness: Date: ____ Time: ____

Root cause of injury/illness:

Action(s) taken:

Notifications required: ☐ Notified PMA ☐ Notified facilities department

By signing below I acknowledge having fully reviewed all information contained within this injury/illness report:

District administrator name (Print): ____

District administrator signature: ____ Date: ____