

EARLHAM

Employee Injury Report

State and federal guidelines require employers to report all work related injuries
even when no medical treatment is requested or required.

Name of employee: _____

Date of incident: _____ Time of incident: _____

Location of incident: _____

Date and time supervisor notified: _____

Describe how the incident happened: _____

Describe your injury: _____

Names of Witness(es): _____

Will you seek immediate medical treatment? _____ Yes _____ No

Select "Yes" ONLY if you seek immediate medical attention. Otherwise select "No." You do not forfeit your right to medical treatment by selecting "No" as long as injury is reported in the required time frame.

For medical attention, go to **Reid Health Services**:

Mon - Fri, 8:00a to 3:30p: **Occupational Medicine**
All other times: **Emergency Department**

For emergency transport, contact Campus Safety and Security at 983-1400. Earlham employees may not transport injured employees.

Employee's Signature Date

This report may be completed by a witness, co-worker or supervisor if the injured employee is unable. If applicable:

Preparer's Printed Name

Preparer's Signature Date

Notify and Report Immediately!

Even if no medical care is requested or required:

Notify human resources by calling 983-1619

Notify the injured employee's supervisor

Report using this form by faxing to 983-1596 or scanning and e-mailing to bransti@earlham.edu