

# 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 [selmke@earlham.edu](mailto:selmke@earlham.edu)**