SPEED S.E.J.A. #802

EMPLOYEE INJURY REPORT

Information about you:

Name:_____ Date:_____

DOB:_____ Position/Program:_____

Social Security Number:_____

Home Address:_____ City & ZIP:_____

Home Phone Number:_____ Date of Hire:_____

Marital Status:_____ Number of Dependents:_____

Information about the accident:

Date of Accident:_____ Time:_____

Place of Accident:_____

What were you doing before the accident?_____

_____

What happened?_____

_____

Witnesses, if any?_____

Who did you report the injury to?_____

What date did you report it?_____

Information about the injury:

What part(s) of your body were injured?_____

What kind of injury (strain, cut, broken bone, etc.)?_____

It is recommended that all injuries be seen at one of the Occupational Health Offices that provide services for SPEED.

- ☐ **I agree** to go to Ingalls Family Care Center in Flossmoor.
- ☐ **I agree** to go to Advocate Occupational Health in Olympia Fields
- ☐ **I agree** to go to St. James Occupational Health in Chicago Heights.
- ☐ **I choose not** to go to either of the SPEED Occupational Health Offices.
- ☐ I will see my own Primary Doctor.

Employee's Signature: _____ **Date:** _____