

**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:** \_\_\_\_\_