

**NEENAH JOINT SCHOOL DISTRICT
EMPLOYEE INJURY REPORT**

NAME _____ ASSIGNED WORK LOCATION _____

HOME ADDRESS _____

STREET CITY STATE ZIP
AGE _____ DATE OF BIRTH _____ SOC SEC # _____

HOME PHONE # (_____) _____ DATE OF HIRE _____

SCHEDULED WORK HOURS/DAYS _____ / _____ JOB TITLE _____

INJURY INFORMATION

DATE OF INJURY _____ TIME ____ AM ____ PM BODY PART AFFECTED _____

LOCATION WHERE OCCURRED _____

TYPE OF INJURY (IE: SPRAIN, STRAIN, FRACTURE, ETC.) _____

HOW DID INJURY OCCUR? _____

(Continue on back if necessary) _____

WAS SAFETY EQUIPMENT PROVIDED? ____ YES ____ NO WAS IT USED? ____ YES ____ NO

WITNESSES _____

Have you ever had the same or similar condition before? ____ Yes ____ No If YES, explain in detail when, where, and all other circumstance _____

MEDICAL INFORMATION

Did you or do you plan on receiving medical treatment of any kind for this injury? ____ YES ____ NO

DOCTOR / HOSPITAL WHERE TREATED _____

ADDRESS _____ PHONE # _____

MISSING TIME FROM WORK? ____ YES ____ NO If YES, Last day worked _____

ESTIMATED RETURN TO WORK DATE _____

TO WHOM DID YOU REPORT THIS? _____ WHEN _____

LIST ACTION TAKEN TO PREVENT FUTURE INJURY _____

If you have questions while completing this form call the Payroll & Benefits Office at 751-6800 ext. 116.

AUTHORIZATION

I, the undersigned, certify that the above information is true and accurate to the best of my knowledge and hereby authorize physicians or practitioners, hospitals, clinics, and other institutes to give my employer, Neenah Joint School District, or the appropriate insurance carrier, any information you have regarding my condition when under observation or treatment by you and to furnish copies of the records when requested by Neenah Joint School District, or appropriate insurance carrier. This information should include history obtained, physical and laboratory findings (x-rays, electrocardiograms, MRI, special tests, etc.) and your conclusions. This authorization is valid as long as a viable workers compensation claim is pending. A photo copy of this authorization may be accepted by you.

** EMPLOYEE
SIGNATURE _____ DATE _____

RETURN TO PERSONNEL OFFICE

Revised 4/05