

Report By Injured Employee

Employer: _____

Your Name: _____

Address: _____

Telephone #: _____ Social Security#: _____

Date and Time of Injury: _____

Date Reported: _____ Dates you missed work: _____

In your own words, please describe what happened and what you were doing when you were injured: _____

Describe in detail the nature and extent of the injury, indicate the body part involved: _____

Did you see the doctor/chiropractor? _____ If yes, name and address: _____

Date of doctor visit: _____ Follow-up visit date: _____

Supervisor's Name: _____

Were you working at your job at the time of the injury: ___ Yes ___ No

If no, please explain: _____

Were there any witnesses? ___ Yes ___ No

If yes, who? _____

Has employee return to regular duty? _____ Light duty? _____ Date _____

Is further medical aid needed? _____

Employee signature: _____ Date: _____

Employee's name (printed or typed): _____

→ Return to: NCKSEC
205 F Street, Suite 235, P.O. Box 369
Phillipsburg, KS 67661