

## LOCAL EDUCATION AGENCY INJURY REPORT

<b>1. Name of Injured Employee (Please type or print)</b> (Last) (First) (MI)		<b>2. Social Security Number</b> _____-_____-_____	<b>3. Date of Birth</b> ____/____/____	<b>4. Sex</b> ___ M ___ F
<b>5. Home Address</b> (Number and Street) (City or Town) (State) (Zip)		<b>6. Telephone Number</b> Home ( ) Work ( )	<b>7. Job Title</b>	<b>8. Status</b> ___ Full Time ___ Part Time ___ Contract
<b>9. Employing Agency</b>		<b>10. Agency Address</b> (Number and Street) (City or Town) (State) (Zip)		
<b>11. Date of Injury</b> ____/____/____	<b>12. Time of Injury</b> ____:____ ____ a.m. ____ p.m.		<b>13. Date Employer Notified</b> ____/____/____	
<b>14. Is employee covered by medical insurance?</b> ___Yes ___No  If yes: ___Blue Cross/Blue Shield ___Other: _____		<b>15. Name and address of attending physician</b>		
<b>16. Name and address of medical facility where treated</b>  ___Hospitalized ___Outpatient ___Emergency Treatment		<b>17. City or town where injury occurred</b>	<b>18. Location or place where injury occurred</b>	
<b>19. Describe fully what happened to cause the injury or illness</b>				
<b>20. Describe the injury or illness in detail and indicate the body part(s) affected</b>				
<b>21. Were there any witnesses to the injury?</b> ___Yes ___No (If "yes", give name, address, and telephone number)				
<b>22.</b>  <hr/> <div style="display: flex; justify-content: space-between;"> <span>Signature of injured person</span> <span>Print Name</span> <span>Telephone Number (Daytime)</span> <span>Date</span> </div>				
<b>23.</b>  <hr/> <div style="display: flex; justify-content: space-between;"> <span>Signature of Supervisor (or other designated authority)</span> <span>Print Name</span> <span>Telephone Number (Daytime)</span> <span>Date</span> </div>				