# Comfort Keepers Work Injury Incident Report

## EMPLOYEE INFORMATION

| Last Name, First Name, Middle Initial | | | Social Security | Date of Birth |
|---|---|---|---|---|
| Home Address | | | Sex ☐ Male ☐ Female | |
| City | State | Zip Code | Telephone | |

## INJURY INFORMATION

| Date of Injury **or** onset of symptoms | Time of Injury_____ ☐AM ☐PM | Date Employer Notified | Date Last Worked |
|---|---|---|---|

Describe what caused the injury/symptoms, what you were doing **just before** the incident, and what you did **after** the incident (if you need more space, write on the back of this form). **Be specific – name any objects or substances involved**:

Did anyone see you get hurt? ☐Yes ☐No If yes, who?

Did you report this incident to anyone? ☐Yes ☐No If Not, why not?

If yes, to whom did you report it? Title/Position When?

**What part(s) of your body was/were affected? (BE SPECIFIC:** for example, right elbow, left knee, right index finger)

What type of injury did you experience? (BE SPECIFICE: for example, bruise, scrape, laceration, pull)

Was any first aid provided at the scene? ☐Yes ☐No If yes, describe:

Did you seek other medical treatment? ☐Yes ☐No If yes, when? Where?

If treatment was not sought immediately, explain why?

Is this an aggravation of a previous injury/symptom? ☐Yes ☐No If yes, when were you last treated for the previous injury?

By whom or where?

Have you ever had a similar injury? ☐Yes ☐No If yes, describe other injury

Employee Name (print) _____

Employee Signature: _____ Date (required) _____