

CASE #:	_____
POLICY #:	UB8412B723
RECORD ONLY:	<input type="checkbox"/> MEDICAL: <input type="checkbox"/>
# OF LOST DAYS	_____ # OF LIGHT DUTY _____
SOCIAL SECURITY #:	_____

FIRST REPORT OF INJURY

General Information:

1) Full name: _____

2) Street: _____ City: _____ State: _____ Zip: _____

3) Department : _____ Phone #: _____ Work #: _____

4) Injured ID #: _____ Date of birth: _____ Date hired: _____

6) Male Female

7) Job title: _____ Employment Status: FT PT

8) Injured Person's Signature: _____

9) Supervisor: _____ Phone #: _____

10) Best Hours to reach Supervisor: _____

Information about the Medical Treatment:

1) Extent of Treatment: NONE FIRST AID MEDICAL TREATMENT

2) If treatment was given away from the worksite, where was it given?
 Dr. Name _____
 Facility Concentra
 Street 370 James Street (Suite 304)
 City New Haven State CT Zip 06513

3) Was the Injured person treated in: Emer. Rm- YES NO Hospitalized overnight? YES NO

Information About the Case:

1) Date of injury or illness / / Time of event : _____

2) Date reported to employer : / / If not immediate, why? _____

3) Campus Location: Mt. Carmel York Hill North Haven

4) Exact location where injury took place: _____

5) Any Witnesses? If so, list name & number: _____

6) Do you question the validity of the claim? YES NO

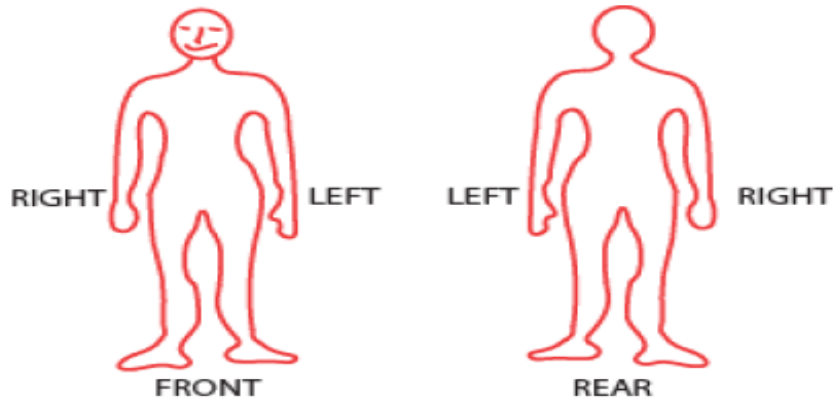
7) Any pre-existing conditions? If yes, list: _____

8) What was the injured person doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the injured person was using.

9) What happened? Tell us the part of the body that was affected & how it was affected.

10) What object or substance directly harmed the injured person?

11) Have you attended materials handling training? If yes, list date: _____



Mark part of body injured on diagram above

PLEASE ILLUSTRATE THE ENVIRONMENT TO WHICH THE INJURY OCCURRED:

1) Injured Employee Recommendations:

2) Supervisors Recommendations:

3) What immediate action have you taken to prevent a recurrence of this type of accident: