

INJURY REPORT FORM

Employees who are injured while working must notify their supervisor immediately and complete this form.
Supervisors must ensure completion of form, proper signatures, and delivery to the Insurance Office *within 48 hours of injury*.
Fax · 863-1566 Campus Box · 1848

Personal Information:

Name of injured employee _____ Sex: M__ F__ Date of birth _____
Home address (local for student workers) _____ Telephone # _____
City _____ State _____ Zip Code _____ Marital Status: Married__ Divorced__ Single__
If student: Did mishap occur as direct result of course of study __ or employment __? Please check one.
Occupation _____ Department _____ Date of hire _____
Supervisor's name _____ Campus phone number _____ Box number _____
Pay type: Weekly__ Student__ Miscellaneous__ Semi-Monthly__ Monthly__ Faculty__
Preferred language of employee: English__ Spanish__ Portuguese__ Other__

Medical Information:

Did the mishap occur as a direct result of employment at Brown University? Yes__ No__
Did you go to University Health Services? Yes__ No__
Did University Health Services refer you to an another medical provider? Yes__ No__ If yes, Name _____
Did you see any medical provider (i.e. emergency room, private physician)? Yes__ No__ If yes, Name _____
Did you (or will you) miss any days from work? Yes__ No__ If yes, List dates _____

Accident Information:

WHEN did the mishap occur? Date _____ Time _____ AM__ PM__
Time work day started? Time _____ AM__ PM__
Days normally worked each week: Sunday__ Monday__ Tuesday__ Wednesday__ Thursday__ Friday__ Saturday__
WHERE did the mishap occur? (Please be specific) _____

WITNESSES? (Please indicate the name of anyone who was with you when you were injured or witnessed your injury) _____

HOW did the mishap occur? (Please be specific) _____

WHAT injuries were sustained, if any? (Example: cut-left hand, bruise-right knee) _____

Employee's Signature	Date
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Unsigned or incomplete reports will be returned causing delay in processing

Supervisor Information:

Corrective measures taken or planned. _____

Supervisor's Signature	Date
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Review/Action:

