

EMPLOYEE ACCIDENT REPORT

Anyone that is hurt on the job must file this **report within 24 hours**. If medical attention is needed, you must go to our designated physician unless it is an **emergency**. Your doctor bill may be denied by Workers' Comp if you do not go to one of these providers first. The provider will refer you to another doctor if necessary.

US HealthWorks
11 Medical Center Dr.
Brunswick, ME 04011
Phone: 725-2697

Occupational Health Associates
893 State Road
West Bath, ME 04530
Phone: 442-8625

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ DATE OF BIRTH: _____

OCCUPATION: _____

DO YOU WORK FOR ANOTHER EMPLOYER? ____ YES ____ NO

IF YES, NAME OF EMPLOYER: _____

DATE AND TIME OF INJURY: DATE: _____ TIME: _____:_____ A.M. ____ P.M.

WHAT TIME DID YOU BEGIN WORK? _____

EXACTLY WHERE DID THE INJURY OCCUR? Bldg Room # _____

SPECIFIC INJURY OR ILLNESS: _____

BODY PART(S) AFFECTED: (e.g. lower right forearm) _____

SPECIFIC ACTIVITY ENGAGED IN: _____

WAS THIS PART OF NORMAL JOB DUTIES: ____ YES ____ NO

DID YOU SEEK MEDICAL ATTENTION? ____ YES ____ NO

HAVE YOU LOST TIME FROM WORK? ____ YES ____ NO

CONTACT THE OFFICE MANAGER IMMEDIATELY AT 443-9145 IF YOU LOSE TIME OR SEEK MEDICAL ATTENTION.

SIGNATURE _____ DATE _____