



Norfolk Public Schools
NATIONALLY RECOGNIZED. GLOBALLY COMPETITIVE.

REPORT OF EMPLOYEE ACCIDENT/INJURY

- INSTRUCTIONS: 1. Section A to be completed by the employee; the investigative section cannot be completed by the injured party but by the principal/department head or designee
2. Answer each question completely then fax to Sedgwick CMS @ 866-261-5795
3. Provide WC Program Guide to employee
4. COPIES: Employee; Child Nutrition Services, when applicable

A. GENERAL INFORMATION

- 1. Name and Address of Facility or Location Where Accident Occurred Work Location/ Telephone
2. Injured Employee - Name Address/City & Zip Home Or Cell Telephone SSN
3. Male Female Years Service Job Title D. O. B.
4. Date of Accident Time of Incident Time Started Work Witnesses to the Event
5. Exact Description of Injury (Body Part and Location)
6. INJURY CLASS: Minor w/o First Aid Outpatient Medical (Urgent Care or ER) First Aid Only (School Nurse) In-patient Medical (Hospital)
7. DO YOU RECEIVE MEDICAID/MEDICARE? Property Damaged and Estimated Value
8. Brief Narrative Description of the Incident/Be Specific About Circumstances Surrounding the Incident/Attach A Signed Statement by the Injured Employee
9. I agree to use Norfolk Public Schools panel of physicians, first available, to expedite my initial treatment and follow-up care.

EMPLOYEE'S SIGNATURE: DATE:

Table with 3 columns: CHECK ONE (YES, NO, NA) and 7 rows of investigative questions regarding the accident.

Remarks:

INVESTIGATED BY/DATE: PRINCIPAL/DEPARTMENT HEAD/DATE:

Official Follow-Up: