

Employee Injury Report

This form is to be used in reporting occupational injuries and/or illnesses for AAPS employees' immediately after occurrence and must be submitted to AAPS Human Resources within three days.

Date of Injury: _____		School/Building of Injury: _____	
Address of Building: _____			
City/State/Zip: _____			
Area of Building where injury occurred: _____			
Employee Name: _____		Birthdate: _____	
Employee Address: _____			
City/State/Zip/County: _____			
Personal Phone: _____		Work Phone: _____	
Gender: _____		Occupation: _____	
Describe the sequence of events leading to and resulting in the injury. Include what employee was doing, how the injury occurred, equipment involved, conditions. Continue on back or attach additional sheets if necessary.			
Did you seek treatment at Michigan Urgent Care?		Yes	No
Part(s) of body injured (include left, right):			
Witness Information, continue on back or attach additional sheet if necessary:			
Name: _____		Phone: _____	
Additional Comments – Continue on back if needed:			