

Birmingham City Schools

Local Education Agency Employee Injury Report Form

1. Injured Employee's Name	2. Social Security Number	3. Date of Birth	4. Sex
5. Home Address	6. Telephone Number	7. Job Title	8. Status ___ Full Time ___ Substitute ___ Part Time
9. School/Worksite Location	10. Employer's Name	11. Employer's Address	
12. Date of Injury	13. Time of Injury ___:___ AM ___ PM	14. Date Employer Notified of Injury	
15. Is employee covered by medical insurance? ___ Yes ___ No If yes, which medical insurance plan: ___ Blue Cross/Blue Shield ___ Other: _____		16. Name and address of attending physician	
17. Name and address of medical facility where treated ___ Hospitalized ___ Outpatient ___ Emergency		18. Location or place where injury occurred City: _____ State: _____ School/Building: _____	
19. Describe fully what happened to cause the injury or illness.			
20. Describe the injury or illness in detail and indicate the body part(s) affected.			
21. Were there any witnesses to the injury? ___ Yes ___ No (If "yes" give name, address, and telephone number)			
<p>22. Signature: I certify that the statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statements or any misrepresentation or concealment of material fact, which is knowingly made, may subject me to felony criminal prosecution.</p> <p>Signature of Injured Employee _____ Telephone Number _____</p> <p>Print Name of Injured Employee _____ Date _____</p>			
<p>23. Received By:</p> <p>Signature of Employer/Supervisor _____ Telephone Number _____</p> <p>Print Name of Employer/Supervisor _____ Date _____</p>			