

MOUNT VERNON CITY SCHOOL DISTRICT
EMPLOYEE INCIDENT OR WORK-RELATED INJURY FORM

1. Personal Information:

Employee Name _____

Home Address (If it's a P.O. Box/ Apt also include physical location): _____

Home Phone: () _____ Cell Phone: () _____

Last 4 Digits SS#: _____ Date of Birth: ____/____/____ (mm/dd/yyyy) Sex: (M / F)

2. Job Information

School: _____ Hire Date: ____/____/____ Job Title: _____

Normal Working Schedule: Circle all that Apply

Mon Tue Wed Thu Fri Sat Sun Start Time: _____ End Time: _____

3. Injury Information:

Time of injury: _____ am/pm Date of Injury: ____/____/____ (mm/dd/yyyy)

Location of injury : _____ (School/Building)

Description of incident (be specific: include object if injury occurred while lifting please note item and approx. weight):

Part(s) of the body injured (be specific: right or left - finger, ankle, upper back, lower back, neck, etc.): _____

Was the activity within the course of employment? Y/N If not, please explain: _____

Are you losing time from work?: Y/N

Who was the injury/accident first reported to: _____ Job title: _____

Witness to injury if any? (Y/N) If **YES**, please attach signed witness statement form(s)

4. Nurse Comments:

Date Reported To School Nurse: ____/____/____ (mm/dd/yyyy) School Nurse Signature: _____

The insurance Law of the State of New York provides that any person who knowingly and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The above information is true to the best of my knowledge and belief.

Employee's Name (printed): _____

Employee's Signature: _____ Date: _____

Prepared by (if other than injured employee):

Preparer's Name (printed): _____

Preparer's Signature: _____ Date: _____

Date Reported to Principal: ____/____/____ (mm/dd/yyyy) Principal Signature: _____