



WORKER'S COMPENSATION REPORT OPTIONS FOR NOTICE OF INJURY

*CALL IN TO REPORT INJURY (transfer to Clinical Consultation Nurse will occur once complete): **Sedgwick (866) 350-8665 Option 1**

Please have the following information available when calling in a Notice of Injury

Caller Name: _____ Caller Phone Number: (____) ____ - _____

School Number (UNIT): ____ School Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Did incident occur at the school? Yes No

If you circled No, Incident Address: _____

City: _____ State: ____ Zip Code: _____

Employee's Name: First: _____ MI: _____ Last: _____

Employee's Home Address: _____ City _____ State ____ Zip _____

Phone: (____) ____ - _____ Employee's Social Security Num: _____

Gender - Male Female Employee's Date of Birth: ___/___/___ Employee's

Occupation: Title _____

Do You Have Any Reason to Doubt the Validity of the Claim? Yes No

Employee's Date of Hire: _____

Wage Paid: Semi-Monthly Wage Amount per hour: _____

Hours Worked Per Day: _____ Days Per Week: _____

Date of Injury: ___/___/___ (list the actual date the injury occurred)

Date employee notified employer of injury: _____ (list same day of accident OR the actual date the employee informed you of the injury for the first time)

Did employee miss work after reporting the injury: Yes No

If missing time from work- Last day worked: _____ First Full Day Missed:

Was employee paid in full for day of Injury: Yes No

Did salary continue after the injury: Yes No

Last date employee was paid in full: _____

Has employee returned to work: Yes No

If yes- Return to work date _____

Return to work at full light duty

Department where injury occurred: _____

Time employee started work: _____ AM/PM

Full description of Injury: _____

Has the employee had medical treatment? Yes No

If Yes: Was the employee transported by Ambulance: Yes No

Hospital Name: _____ Hospital Address: _____

Hospital phone number: _____ Dr. Name: _____ (if known)

Witness to the accident:

First Name: _____ Last Name: _____

Witness address: _____ Telephone Num: _____

First Name: _____ Last Name: _____

Witness address: _____ Telephone Num: _____