

EMPLOYEE STATEMENT

Employee Name (Last, First)		
Social Security Number	Occupation	Date of Hire
Date of Injury	Time of Injury	
Date Injury Reported	Time Injury Reported	
Location Where Injury Occurred		Supervisor
Describe How the Injury Occurred		
List in detail all the body parts injured		
What caused you to have the injury / accident?		
Were you previously injured before the incident occurred, or did anything else affect your performance?		
How do you feel now?		
Was there anything that could have been done to prevent the injury?		
This is an accurate statement, in my own words, which describes my incident and injuries		
Employee signature		
Date		