

MICHIGAN CONFERENCE OF SEVENTH-DAY ADVENTISTS WORKERS' COMPENSATION INJURY REPORT

Conference
 Battle Creek Acad
 Great Lakes Acad
 Camp Au Sable
 Elementary Teachers
 Farm

EMPLOYEE

Last Name		First Name	DOB	Soc. Sec. Number
Street Address		City	State	Zip
Phone		Job	Date Hired	Gender
Lost Claims Only:	Filing Status: _____ Single _____ Married/Joint _____ Single/Head of Household _____ Married		Number of Children under 18	Average Wage

INJURY

Date of Injury/1st Noticed	Time of Injury	Date Reported	Last Day Worked	Date Returned
Time employee began work on date of injury:				
Place Accident Happened: (City, Church, school, office, playground, camp grounds, cafeteria, classroom, etc.)			Body Part: (left shoulder, right ankle)	
What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials,;" "spraying chlorine from hand sprayer"; "daily computer key-entry."				
What happened? How did the injury occur? Examples: "When ladder slipped on wet floor, worker fell 20 ft.;" "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."				
What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt" or "pain. or sore." Examples: "strained back", "chemical burn, hand;"; "carpal tunnel syndrome."				
What object or substance directly harmed the employee? Examples: "concrete floor", "chlorine". "radial arm saw." Leave blank if it does not apply.				
If the employee died, when did death occur? Date of death.				

TREATMENT

Physician/Health Care Provider:	Facility Name and Address:		
	Street:	City/State:	Zip:
Treated in Emergency Room? _____ Yes _____ No	Hospitalized Overnight as an in-patient? _____ Yes _____ No		

SIGNATURE

Employee's Signature	Date
Supervisor's Signature	Date