Wachusett Regional School District
FIRST REPORT OF INJURY INCIDENT REPORT

IMPORTANT - WHEN AN INJURY OCCURS AT THE WORKPLACE:

1. The employee shall report the incident to his/her supervisor immediately;
2. The employee shall complete and sign this form as soon as possible, but no more than 24 hours after the incident;
3. The Supervisor or School Nurse shall call Human Resources (508-829-1670 x.224) and give notice of the incident;
4. The Supervisor or School Nurse shall FAX (508-829-1680) and then interoffice mail this form to Human Resources;
5. In cases of non-business hour incidents, please report no later than 10:00a.m. the next business day;
6. If medical treatment is required, after notifying his/her supervisor, the employee shall go to the emergency room for **serious** emergencies; for minor injuries, employee can go to their own medical provider. Bring a **COPY** of this form (not the original).

Employee Incident Information:

Name:_____ Social Security #:_____

Address:_____
Street City State Zip

Home Phone:_____Date of Birth:_____Age:_____Gender:_____ M _____ F

Position:_____ Date of Hire: _____School:_____

Incident Data:

Date of Incident:_____Time of Incident:_____Location of Incident:_____

Date Form Completed:_____ Form Completed by:_____

Description of Incident (state significant facts)_____

_____

_____

_____

_____

Name of Individual(s) who witnessed the incident:_____

_____

School Nurse comments, if any:_____

_____

If Injury Occurred Please Complete Injury Information:

Is this a new injury: _____ Yes _____No If Reinjury, Original Date:_____

Nature of Injury: (circle as appropriate) Body Part Injured (circle as appropriate):

Abrasion	Fracture	Ankle	Face	Knee	
Bruise	Laceration	Arm	Finger	Leg	Left
Concussion	Puncture	Back	Foot	Scalp	Right
Cut	Sprain	Elbow	Hand	Mouth	
Other:_____		Eye	Head	Wrist	Other:_____

Wachusett Regional School District
FIRST REPORT OF INJURY INCIDENT REPORT

If Medical Treatment Received Complete Medical Treatment Data:

Please note: If necessary, make a copy of this form to bring to the doctor's office; the original form must be submitted to HR immediately for processing, with or without the medical information. If possible, please note the name of the doctor/hospital you plan on attending.

Treatment received outside of School Premises? (circle one): ***Yes** **No**
*If yes, please complete the below information and forward a copy of doctor's note to HR

Date Treated:_____

Where Treated:_____
Name of Provider Street City State Zip

Physician Name:_____ Phone Number:_____

Lost Work Time: _____ First Date of Disability:_____ Fifth Date of Disability:_____

Please note, the first 5 days out of work will be logged against the employee's accrued time.

EMPLOYEE'S AUTHORIZATION AND RELEASE OF MEDICAL INFORMATION

I hereby authorize the Wachusett Regional School District, (or any of its authorized representatives), to be furnished with any information and facts regarding this injury, including reports and records, results of diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment. This information is to be used for the purpose of evaluating and handling this claim for injury as a result of an incident as described above and for no other purpose, now or in the future. I also agree that a photographic carbonless copy of the release shall be as valid as the original. I also attest that the facts as presented are correct to the best of my knowledge.

Employee's Signature: _____ Date: _____

Supervisor's Signature:_____ Date:_____

Principal's Signature:_____ Date:_____

Medical Facilities that handle Workers Comp Injuries

Many Primary Care Providers (PCP's) do not treat work injuries. If you need to seek treatment for your work injury, feel free to visit one of the following Occupational Health providers listed here.

Take Charge Occupational Health Leominster
510 North Main Street
Leominster, MA 01453
Call for Appointment: (978) 248-8880
Monday-Friday 8AM-4PM

Reliant Occupational Medicine
222 Boston Turnpike, Route 9
Shrewsbury, MA 01545
Call for Appointment: (508) 460-3228
Monday-Friday 8AM-4PM