

**RESEARCH MEDICAL CENTER AND RESEARCH BROOKSIDE CAMPUS  
INJURY REPORT**

**HEALTHCARE WORKER INFORMATION**

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of hire \_\_\_\_\_ Sex \_\_\_\_\_

SS#: \_\_\_\_\_ 3/4 ID#: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_

Work Location: \_\_\_\_\_ Department: \_\_\_\_\_ Occupation: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Salary \_\_\_\_\_

Job title: \_\_\_\_\_ Hours per day \_\_\_\_\_ Days per week \_\_\_\_\_

Shift: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Dept. Extension \_\_\_\_\_

**INJURY INFORMATION**

Date of injury \_\_\_\_\_ Time of injury \_\_\_\_\_ Time you began work date of injury \_\_\_\_\_

Exact Location of injury \_\_\_\_\_ Date injury reported \_\_\_\_\_

Witnesses if any \_\_\_\_\_

If patient moving injury, patient's weight \_\_\_\_\_

1. What were you doing just before the injury? ( Examples: lifting patient, emptying trash, climbing ladder.  
Include any equipment, tools, materials you were using.)

2. What happened? How did the injury occur? Be specific

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3. What was the injury or illness? What part of the body was affected and how was it affected? Be specific

4. What object or substance directly caused the injury? Examples, needle, floor, ladder, etc.

**TREATMENT INFORMATION TO BE COMPLETED BY EMPLOYEE HEALTH NURSE OR NURSING SUPERVISOR ONLY**

Assessed by : \_\_\_\_\_

Treatment Recommended :

- First Aid (specify treatment) \_\_\_\_\_  
\_\_\_\_\_
- Refer to Occupational Health Clinic (specify rationale) \_\_\_\_\_  
\_\_\_\_\_
- Refer to ER (specify rationale) \_\_\_\_\_  
\_\_\_\_\_
- BBP Exposure -Complete Exposure Packet
- No treatment necessary
- Treatment declined by employee at this time
- Other (specify) \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Health Nurse/  
Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Employee Health Representative

Date Reviewed \_\_\_\_\_





