FOREST HILLS PUBLIC SCHOOLS
EMPLOYEE REPORT OF INJURY FORM

EMPLOYEE WORK INJURY REPORT **Fill All Blanks in Completely**

Employee Name_______________________ Social Security # _______________

Address ______________________________________ Date of Birth _______________
Street Number & Name City/State Zip Code MM/DD/YYYY

Primary Phone # ____________ Work Phone # ____________ Primary Email ________________

Job Title____________________ School/Building Assigned______________________

Time Emp Began Work______________ ☐ AM ☐ PM Time Injury Occurred______________ ☐ AM ☐ PM

Date of Injury ______________ Exact Place of Accident________________________
MM/DD/YYYY

What were you doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material you were was using. Be specific. *Examples: "climbing a ladder while carrying electrical materials"; "walking outside at the bus garage near the fueling station"; "lifting a box of books."*

____

____

____

What was the exact injury or illness? What object or substance directly caused harm? Tell the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples: "strained back"; "fell on right hip"; "cut left hand."*

____

____

____

Description of First Aid Rendered ________________________________

Who Rendered First Aid? ________________________________
(Name) (Phone Number)

Witness(es) to Accident ________________________________
(Name & Phone Number) (Name & Phone Number)

Employee must go to Spectrum Health Occupational Health Clinic. Do not seek treatment from a personal doctor or another clinic. Occupational Health clinics are open Monday to Thursday 7 a.m. to 7 p.m. and Friday 7a.m. to 5 p.m.

Broadmoor	3350 Broadmoor SE	Grand Rapids, MI 49512
Integrated Care Campus at Michigan	426 Michigan NE	Grand Rapids, MI 49503
West Pavilion	6105 Wilson Ave. SW	Wyoming, MI 49418

Did you seek medical treatment? ☐ Yes ☐ No If Yes, Date ______________
MM/DD/YYYY

If Yes, did you go to an authorized Spectrum Health Occupational Health Clinic, above? ☐ Yes ☐ No

________________________________ ________________
Signature of Employee Date of Report

Completed form should be forwarded within 24 hours to the Human Resources Office
Confidential Fax: 616-493-8559
Email: kmurawski@fhps.net

FOREST HILLS PUBLIC SCHOOLS
SUPERVISOR REPORT OF INJURY FORM

SUPERVISOR REPORT OF WORK INJURY

Was the employee performing his/her assigned work when injured? ☐ Yes ☐ No

Describe the work being performed at time of injury. Be specific. ____

____

____

What machines or equipment were involved? ____

____

____

Were any unsafe conditions present which caused this injury? ____

____

____

What will be done to prevent a repetition of this type of injury? ____

____

____

____

Employee must go to Spectrum Health Occupational Health Clinic. Do not seek treatment from a personal doctor or another clinic. Occupational Health clinics are open Monday to Thursday 7 a.m. to 7 p.m. and Friday 7a.m. to 5 p.m.

Broadmoor	3350 Broadmmoor SE	Grand Rapids, MI 49512
Integrated Campus at Michigan	426 Michigan NE	Grand Rapids, MI 49503
West Pavilion	6105 Wilson Ave. SE	Wyoming, MI 49418

Did employee seek medical treatment? ☐ Yes ☐ No If Yes, Date ____________________
MM/DD/YYYY

If Yes, did employee go to an authorized Spectrum Health Occupational Health Clinic, above? ☐ Yes ☐ No

____ ____________________
Supervisor Signature Date of Report

____
Supervisor Printed Name Phone Number Email

Completed form should be forwarded within 24 hours to the Human Resources Office
Confidential Fax: 616-493-8559
Email: kmurawski@fhps.net