

Vermilion Association for Special Education

Employee's Injury Report

Procedures:

1. If Injured at work, fill out an Employee's Injury report. They are located in the Middlefork School Office or the VASE Office. The form must be correctly and completely filled out.
2. Have the nurse examine the injury. If the injury is visible the nurse may take a picture.
3. The administrator must be notified of the incident and the injury. If your immediate supervisor is not available, then you need to tell one of the other administrators. The administrator will then sign the bottom of the form.
4. Make one copy of the form to keep for your records. The original form should be given to the book-keeper.
5. If you need to see the doctor, the administration needs to know this **before** you go. You will need to be seen at Carle Occupational Medicine.

Name of Employee: _____

Home Address: _____

Date of Birth: _____ Age: _____ Social Security No.: _____

Male:____ Female:____ Marital Status:_____ Number of Children Under 18 _____

Length of Employment with VASE: _____ Annual Salary: _____

Date of incident: _____ Time incident occurred: _____

What was employee doing when injured? _____

How did the accident occur? (Describe Fully) _____

Describe Injury in Detail: _____

Name(s) of any witnesses to the incident: _____

Name and Address of your Physician: _____

If hospitalized, Name and address of Hospital: _____

Employee's Signature (date)

Administrator's Signature (date)

Shade in all areas of pain. Grade the intensity of pain in each area using a 0-10 scale.
0= no pain/no discomfort, 10= the worst pain you can imagine

