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| **WORKER'S COMPENSTION ACCIDENT INVESTIGATION** |
| **Elon University Office of Human Resources** |
| Complete and SCAN to Amanda Jo Johnson RN, CCM jjohnson102@elon.edu |  |  |
|  |  |  |  |  |
| **Injured Information** |
| **Name** | **Date of Birth** | **Hire Date** | **Date of Injury** | **Time of Injury** |
| **Home Address** | **Phone Number** | **Gender** | **Email** |  |
| **Department** | **Job Title** |  | **Supervisor** | **Dept Extension** |
| **Location of Accident** | **Employment Status**  | **Work Hours** |  |  |
|   | **\_\_\_\_ Full Time** | **\_\_\_\_ 8 to 5** | **\_\_\_\_ # Hours per day** |
|   | **\_\_\_\_ Part Time** | **\_\_\_\_ 7 to 4** | **\_\_\_\_ # Hours per week** |
|   | **\_\_\_\_ Other** | **\_\_\_\_ Other** |   |   |
| **Description of Accident** |   |   |   |   |
| **Body Part Injured Specify Left or Right** | **Was Safety Equipment Used If not Explain** |  |
| **Did Injured Seek Medical Treatment**  | **Where was Treatment Provided** | **\*\*\*\*\*USE WELLNESS IF OPEN** |
| \_\_\_\_\_ Yes |   |  |  |   |
| \_\_\_\_\_ No |   |   |   |   |
| **Was EMS Used**  | **Disposition** |  |  |  |
|  | **\_\_\_\_\_ Returned to Work Without Restrictions** |  |
|  | **\_\_\_\_\_ Returned to Work Light Duty Until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **\_\_\_\_\_ Out Of Work Until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|   |   |   |   |   |
| **Supervisor Completing Form** | **Supervisor Extension and Email** |  | **Date** |
| university AccidentInvestigationFormWorkersComp.pdf -revised 12/20/18 |  |  |   |