

EMPLOYEE ACCIDENT REPORT

Anyone that is hurt on the job must file this report within 24 hours. If medical attention is needed, you must go to our preferred provider unless it is an emergency. Your doctor bill may be denied by Workers' Comp if you do not go to our provider first. The provider will refer you to another doctor if necessary.

Occupational Health Associates
893 State Road (Old Route 1)
West Bath, ME 04530
Phone: 442-8625

Copy to:
Payroll _____
Supervisor _____
Superintendent _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ DATE OF BIRTH: _____

OCCUPATION: _____

DO YOU WORK FOR ANOTHER EMPLOYER? _____ YES _____ NO

IF YES, NAME OF EMPLOYER: _____

DATE AND TIME OF INJURY: _____ DATE _____ : _____ TIME ____ A.M. ____ P.M.

WHAT TIME DID YOU BEGIN WORK? _____

SPECIFIC INJURY OR ILLNESS: _____

BODY PART(S) AFFECTED: _____

SPECIFIC ACTIVITY ENGAGED IN: _____

(e.g. working with student, supervising playground duty, etc.)

WAS THIS PART OF NORMAL JOB DUTIES: _____ YES _____ NO

DID YOU SEEK MEDICAL ATTENTION? _____ YES _____ NO

HAVE YOU LOST TIME FROM WORK? _____ YES _____ NO

CONTACT DEBRA CLARK IMMEDIATELY AT 443-6601, ext. 122 IF YOU LOSE TIME OR SEEK MEDICAL ATTENTION.

SIGNATURE _____ DATE _____

Please FAX to Debra Clark at the Superintendent's Office 443-8295.
Original report must follow along with any paperwork from your provider.
Updated 12/11/19