____Employee Accident Report

(**Please complete and forward to Lois Kinzer within 48 hours of accident)**

Employee's Name (Last, first, middle)							**Social Security Number**
Home Address				**City, State**			**Zip Code**
Male ☐	**Female** ☐	**Married** ☐	**Single** ☐	**Widow(er)** ☐	**Divorced** ☐	**Birthdate** ____-____-____	**Number of Dependent Children under 18 at time of Injury or Illness** _____
Date of the Injury or Exposure **Month**	**Day**	**Year**				**Time of the Injury or Exposure** _____a.m. _____p.m.	
Job Title or Occupation						**School**	
Address of Location Where Injury or Exposure Occurred							
Nature of the Injury							
Part of the Body Affected (Be Specific)							
What Task Was Employee Performing When accident Illness Occurred?							
Steps Taken Immediately							
How Did Accident or Illness Occur (Type)?							
Have Medical Services Been Rendered to the Employee? ☐ **Yes** ☐ **No**						**Is or Has the Employee Been Hospitalized? ?** ☐ **Yes** ☐ **No**	
Name of Witness							**Date**
Principal's Signature							**Date**
Employee's Signature							**Date**

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