Workers' Compensation

Employee Injury Statement
Home Health Care

Injured (Employee) Name: ______________________________________ Date: ____________

Client Name: _____________________________________ Time of Incident: _________ (am/pm)

Department: ____________________Employee's supervisor :_____________________

Employee Statement:

You have indicated that you sustained a work-related injury. Through your cooperation, information can be obtained to complete our investigation into this incident/injury. Please provide us with your statement to the best of your recollection and return it to the investigator or your supervisor. All information gathered during our investigation into your work-related incident/injury will help us identify ways to prevent future occurrences.

1. What body part(s) were injured (See Diagram Page 2)?__________________________________

____

____

2. Describe in detail how the injury occurred. Include sequence of events and any tools/devices involved:____

____

____

____

____

____

____

3. List any witnesses or individuals involved in the incident/accident (Print name): ________________

_______________________ __________________________ _______________________

4. How do you believe the injury could have been prevented? ______________________________

____

____

____

* Please use additional sheets of paper if necessary

I acknowledge that the above statement is true and accurate to the best of my knowledge. I also acknowledge that knowingly providing false information to obtain workers' compensation benefits is considered fraud. Worker's compensation fraud is a felony punishable by imprisonment, large fines and restitution.

Injured (Employee) Name (Print):__________________________________ Date: ___________

Injured (Employee) Signature: ____

If Necessary:

Interpreter Name (Print):____ Date: ___________

Signature: ____ Phone #: _______________

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WORKFIRST
CASUALTY COMPANY

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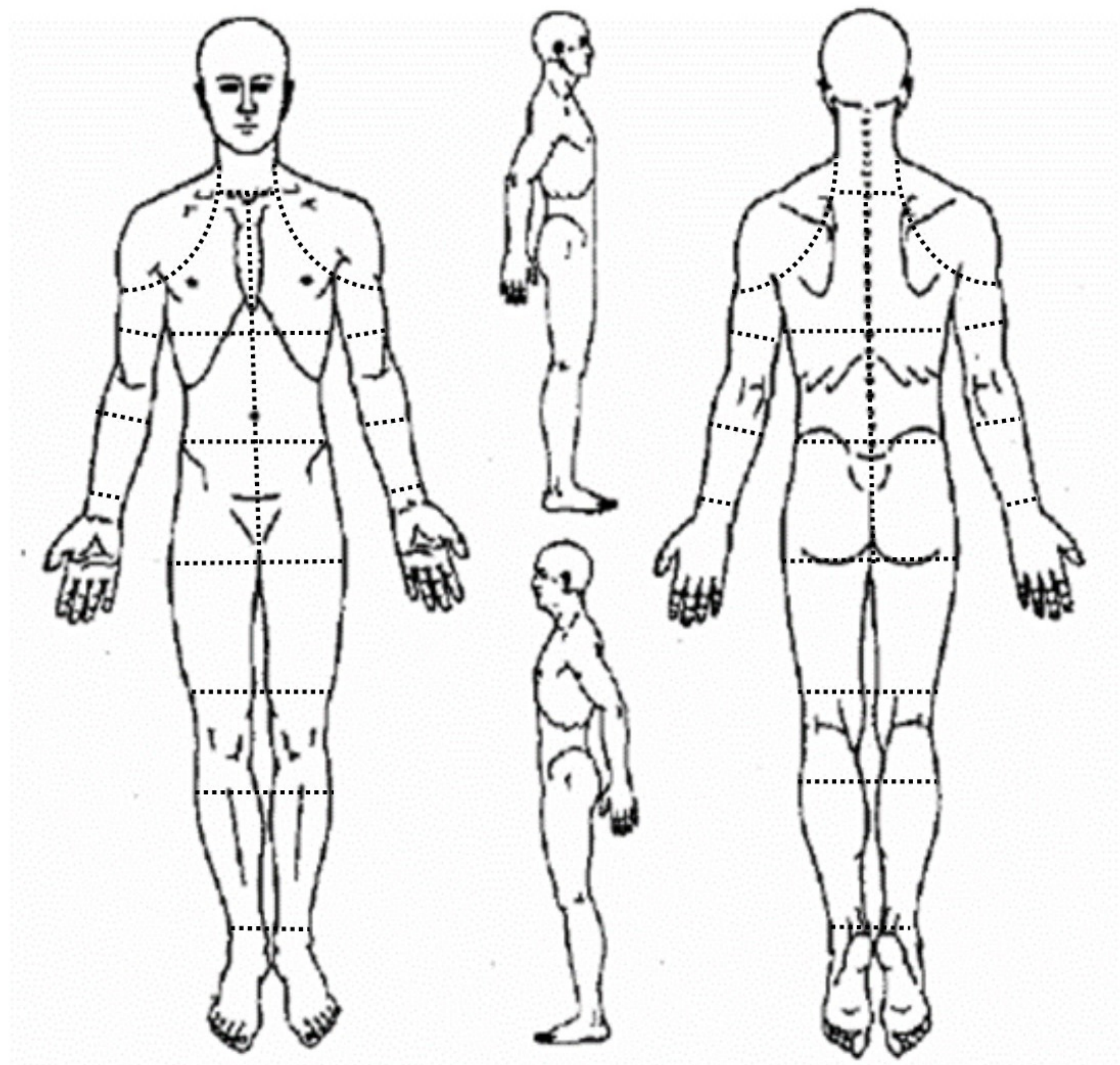
Nature of Injury: (Check most serious one)

☐ Abrasion, Scrapes	☐ Bruise	☐ Concussion (to the head)	☐ Hernia
☐ Amputation	☐ Burn (Heat)	☐ Crush Injury	☐ Illness
☐ Broken Bone	☐ Burn (Chemical)	☐ Cut, Laceration, Puncture	☐ Sprain, Strain

☐ Other (Describe) ____

Part of body injured or affected: (Shade all that apply)



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Additional Comments: