

EBBB-E(2) EMPLOYEE ACCIDENT REPORT

FILE: EBBB-E (2)

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 physician unless it is an emergency. Your doctor bill may be denied by Workers' Comp if you do not go to our providers first. The provider will refer you to another doctor if necessary.

Occupational Health Associates 270 State Road West Bath, ME 04530 Phone: 442-8625

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 10/01/21

Revision #2

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