

**LAKEVIEW SCHOOL DISTRICT
EMPLOYEE'S REPORT OF INJURY/EXPOSURE**

Injured Employee: _____ S.S.# xxx/xx/_____

Address _____ City _____ State _____ Zip _____

DOB: ___/___/___ Home Phone #: _____ Work Phone #: _____

Occupation: _____ Date of Hire: ___/___/___

Date of Injury: ___/___/___ Approximate Time of Injury: _____ a.m. p.m.

Where did injury occur? _____
(Building and specific location)

Witness to accident/injury: _____

Type of Injury: _____

Body Part Injured: _____

How did injury occur? _____

Were you able to continue work? _____ Was medical attention required? _____

Date injury reported to employer: ___/___/___

IF YOU MUST SEEK IMMEDIATE/EMERGENCY MEDICAL TREATMENT, PLEASE GO TO BRONSON BATTLE CREEK E.R. OR BECKLEY RD. URGENT CARE (depending on the severity of your injury). NON-EMERGENCY SERVICES CAN BE SOUGHT BY APPOINTMENT ONLY AT BRONSON PRO-HEALTH (265 Fremont St., behind hospital). CALL (269) 245-8166 FOR AN APPOINTMENT. THEY WILL REFER YOU TO ANOTHER PHYSICIAN IF NEEDED. PLEASE SEND ANY PAPERWORK FROM YOUR DOCTOR'S VISIT TO Mary Anne Morales in Human Resources.

IMMEDIATELY REPORT ALL INJURIES WHERE MEDICAL TREATMENT IS BEING SOUGHT TO Mary Anne Morales, Human Resources, (ext. 2411).

SIGNATURE of person completing form

DATE