



## Memphis-Shelby County Schools Employee Accident Report Form

In order to qualify for any benefits, an employee must give notice of the incident to their immediate supervisor immediately, but no later than 24 hours after the incident unless the employee is prevented by disability from the incident from giving such notice.

### EMPLOYEE INFORMATION

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Job Title: \_\_\_\_\_ School/Location of Accident: \_\_\_\_\_

Email: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ Date Reported: \_\_\_\_\_ Time: \_\_\_\_\_

Incident Type: ☐ Accident ☐ Exposure

Give a clear description of incident, including what the employee was doing, how the accident occurred, and where it occurred.

Body Part(s) Injured: \_\_\_\_\_ Injury Type(s) [ex. cut, strain, hit, etc.]: \_\_\_\_\_

What type of treatment was required? ☐ None/Notice Only ☐ First Aid

If injury requires MEDICAL treatment, please fill in below:

☐ MSCS Clinic ☐ Emergency Treatment/Ambulance Required ☐ Emergency Treatment/No Ambulance

EMERGENCY treatment was given at: \_\_\_\_\_

If EMERGENCY treatment was received, who authorized visit? \_\_\_\_\_

Have you had prior injuries to affected area(s)? ☐ Yes ☐ No

If so, name of physician: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

If yes, was this prior injury work related? ☐ Yes ☐ No

Physical Assault? ☐ Yes ☐ No

Was personal protection equipment required? ☐ Yes ☐ No

Was employee using personal protection equipment? ☐ Yes ☐ No

I authorize the disclosure and release of my medical information, including copies of records and reports, pertaining to me as may be required for administration of the OJI program.

\_\_\_\_\_  
Employee's Signature Date Immediate Supervisor's Signature Date

This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while being used for processing OJI reports.