Employee Injury Statement Form

Date and Time of Injury _____

Employee Name _____

Employee Position _____

Store Location _____

Reported to _____

Was this involving a Motor Vehicle Accident Yes _____ No _____

How did the injury happen? Describe: _____

What is the Body Part Injured? _____

Will you seek Medical Treatment Yes_____ No _____

_____ _____

Employee Signature Date

_____ _____

Manager Signature Date