



Employee Injury Report
730 South Main Street Frankenmuth, MI 48734
989-652-0400 Fax 989-652-4939

** If medical attention is needed please refer to Covenant facilities**

Information about the employee

1 Full Name
2 Street Address
City State Zip
3 Date of Birth
4 Male Female

Information about the case

5 Date of injury or illness
6 Time Employee began work
7 Time of event

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, etc. Be specific.

9 What happened? Tell us how the injury occurred

What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Ex. "strained back" "chemical burn" et.

What object or substance directly harmed the employee? Ex. Concrete floor" "chlorine" etc. If this questions does not apply leave blank

12 If the employee died, when did the death occur? Date of death

Information about the physician or other health care professional

13 Name of Physician or other health care professional

14 If treatment was given away form worksite, where was it given?

Facility
Street
City State Zip

15 Was employee treated in an emergency room?

Yes
No

16 Was employee hospitalized overnight as an inpatient?

Yes
No

Completed By
Title
Phone
Date

DO NOT WRITE BELOW THIS LINE---FOR PERSONNEL USE ONLY!

Entered
Date Employee Hired
Initials