SELMA CITY SCHOOLS
2194 Broad Street
Selma, AL 35801
ON-THE-JOB INJURY REPORT

(Must be filed within 24 hours with Principal or Supervisor)

1. Name of Injured Employee (Please type or print) (Last) (First) (MI)	**2. Social Security Number** XXX-XX-_____	**3. Date of Birth** _____/_____/_____	**4. Sex** ____M ____F
5. Home Address (Number and Street) (City or Town) (State) (Zip)	**6. Telephone Number** Home ( ) Work ( )	**7. Job Title**	**8. Status** ___ Full Time ___ Part Time ___ Contract

9. Date of Injury _____/_____/_____	**10. Time of Injury** _____ ____a.m. ____ p.m.	**11. Date Employer Notified** _____/_____/_____

12. Is employee covered by medical insurance? ___ Yes ___ No If Yes: ___ Blue Cross/Blue Shield ___ Other: _____	**13. Name and address of Physician attending to Injury**	**14. Location Worked**
15. Name and address of medical facility where treated __Hospitalized __ Outpatient __ Emergency Treatment	**16. City or town where injury occurred**	**17. Location or place where injury occurred**

18. Describe fully what happened to cause the injury or illness (If additional space is needed, use blank sheet of paper)

19. Describe the injury or illness in detail and indicate the body part(s) affected

20. Were there any witnesses to the injury? ____ Yes ____ No (If "yes," give name, address, and telephone number)

21.

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Signature of Injured Person **Print Name** **Telephone Number (Daytime)** **Date**

22.

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Signature of Principal/Executive Council Member **Print Name** **Telephone Number (Daytime)** **Date**