

FIRST REPORT OF INJURY

This report should be completed by the employee and the Supervisor/Principal after an on-the-job injury and faxed to the above fax number **within 48 hours. Please complete all information as it is required by Colorado Statute.**

Employee Name				Social Security Number			
Home Address		Street		City		State ZIP	
Date of Birth		Sex	Age	Home Phone Number		Marital Status	
Occupation		Department or School		Job Assigned when Injured		Length of Experience at this Assignment	
Normal Work Hours (From – To)	Hours per Day	Days per Week	Information Concerning Accident				
			Date	Time	School/Location/Place		
Hours Worked on the Date of Injury (From – To)							
Accident reported to Supervisor/Principal:		Were you able to continue work:		If no, last day worked:		Date Returned to Work or Estimated Date of Return:	
Date _____ Time _____		Yes _____ No _____					
Have you been injured on the job before? Yes _____ No _____		Did this accident aggravate a previous injury? Yes _____ No _____ If yes, explain and list name of physician:					

State part of body injured (indicate left, right, shoulder, foot, etc.) _____
 Relate in your own words how injury occurred (i.e., task being performed, equipment used, special circumstance or condition, etc.):

Witness(es): _____

****Please see the school nurse. Risk Management procedures include seeing a school nurse to triage the injury before seeking outside medical care. If you are unable to see the nurse, please call Risk Management at ext. 28412.**

Nurse's Notes/Recommendations:

I understand that I must be seen by one of the two Designated Medical Providers for Aurora Public Schools. I further understand the list of designated medical providers is available from my school nurse, site secretary, the Risk Management Office and the Risk Management internal website.

It is unlawful to provide, false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, civil damages and employment disciplinary action.

Signature of Employee _____ Date _____ Signature of Supervisor/Principal _____ Date _____
 Revised 7/2012