MECOSTA-OSCEOLA INTERMEDIATE SCHOOL DISTRICT
15760 190TH AVENUE, BIG RAPIDS, MI 49307
Phone (231) 796-3543 FAX (231) 796-3300

EMPLOYEE ACCIDENT REPORT FORM

To be completed in the event of <u>ANY</u> injury and returned to the program supervisor. A copy will be filed with the business office.

Name:_____

Address: _____ Date of Birth: _____

_____ Phone: _____

Date of Injury:_____ Time of Injury: _____

Nature of Injury: _____

Date Stopped Work: _____Date Returned to Work: _____

Witnesses (if any): _____

Describe How Accident/Injury Occurred: _____

_____

_____

_____

Treatment Rendered or Action Taken: _____

_____

_____

Attending Physician: _____

Hospital (if any): _____

Employee's Signature: _____ Date: <u>January 23, 2005</u>

Supervisor's Signature: _____ Date:_____

Comments: _____

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