

FREMONT SCHOOL DISTRICT, SAU #83
 SUPERINTENDENT OF SCHOOLS
 BLACKROCKS VILLAGE, 5 HALL ROAD
 FREMONT, NH 03044

WORKERS COMPENSATION FORM – EMPLOYEE REPORT OF INJURY

TODAY'S DATE _____

PLEASE TYPE OR PRINT. ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED.

EMPLOYEE INFORMATION

1. Name of injured: First Middle Initial Last			2. DOB.	3. Age:	4. Male <input type="checkbox"/> Female <input type="checkbox"/>	5. SS No.
6. Address: No. & St. City/Town			7. State	8. Zip Code	9. Tel. No.	
10. Is there on file a N.H. Youth Employment Certificate?:	11. Occupation when injured	12. Was this his/her regular occupation? If not, state regular occupation:		13. Wages per hr.	14. No. hrs. worked per day:	
15. No. days worked per week:	16. Average Weekly Earnings	17. Was injured/hired in N.H.?	18. Date employment began		19. Date & Time of Injury:	
20. Date disability began:	21. Was injured paid in full for this day?	22. Date supervisor/employer was first notified.	23. Name of Person notified.		24. Location/Jobsite where accident occurred:	
25. Describe fully how accident occurred and describe what employee was doing when injured						
26. Name of witness(es):			27. Part(s) of body injured		28. Estimated length of disability:	
29. Has injured returned to work?	30. If so, what date?		31. At what occupation or job?		32. Returned at: Full Duty _____ Alternative/Light Duty _____	
33. Equipment causing injury			34. Were safeguards in place?	35. Was accident caused by injured's failure to use safeguards or follow regulations?		
36. Initial Treatment: (check those that apply) No medical treatment: <input type="checkbox"/> Care provide by Employer only (on-site) <input type="checkbox"/> Emergency care <input type="checkbox"/> Hospitalized <input type="checkbox"/> Other: (Outpatient): <input type="checkbox"/> (Clinic): <input type="checkbox"/> (Office Visit): <input type="checkbox"/> (Other-explain): _____						
37. Name of treating physician: _____ Name of treating hospital _____					38. Has injured died? If so, what date?	

PLEASE FILE THIS REPORT WITH THE SUPERINTENDENT'S OFFICE.

PLEASE REPORT INJURIES AS SOON AS POSSIBLE, BUT NO LATER THAN 72 HOURS THEREAFTER.