

Pickens County Board of Education Injury Report

Name of Injured Employee (Type or Print) (Last) (First) (MI)	Social Security Number	Date of Birth	Sex M__F__
Telephone Number		Job Title	Status (Circle) Full Time Part Time Contract

Home Address

LEA Pickens County Board of Education P. O. Box 32 377 LaDow Center Circle Carrollton, AL 35447 205-367-2080	Date of Injury / /	Time of Injury	Date Employer Notified / / Must be reported within 24 hours
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Is Employee covered by medical insurance? If yes: ___Blue Cross/Blue Shield ___Other_____	City or Town where injury occurred	School of location where injury occurred
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Describe fully what happened to cause the injury:

Describe the injury in detail and indicate the body part(s) affected:

Were there any witnesses to the injury? ___Yes ___No (If "yes" give name, address and telephone number)

Signature	Print Name	Telephone Number (Daytime)	Date
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Signature of Supervisor	Print Name	Telephone Number (Daytime)	Date
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