

**TO PERMIT PROMPT ATTENTION TO THIS MATTER, PLEASE COMPLETE THIS FORM AND RETURN IT WITHIN 24 HOURS TO:**

**HUMAN RESOURCES OFFICE  
SMCC – FORT BUILDING  
PH: (207) 741-5568 FAX (207) 741-5582**

**EMPLOYEE'S REPORT OF INJURY**

Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full name of injured employee \_\_\_\_\_

Address \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation when injured \_\_\_\_\_

Date of hire \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Were you doing your regular work? **Yes / No** If not, what type of work? \_\_\_\_\_

Do you work for another employer? **Yes / No**

If yes, give name and address: \_\_\_\_\_

Exact place where injury occurred \_\_\_\_\_

Date of injury \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ am/pm

Your regular start time \_\_\_\_:\_\_\_\_ am/pm

To whom was the injury reported? \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnesses' Names \_\_\_\_\_

Describe fully how injury happened \_\_\_\_\_

Describe your injury in detail \_\_\_\_\_

Have you ever had this type of injury before? If so, please explain. \_\_\_\_\_

Was safety equipment provided: **Yes / No** Used: **Yes / No** Explain: \_\_\_\_\_

Did you lose time from work? **Yes / No** If so, when did disability begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have returned to work, what was the date? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you declining medical treatment at this time? \_\_\_\_\_

**IF MEDICAL ATTENTION IS NECESSARY AND THE INJURY/ILLNESS IS NOT LIFE THREATENING, EMPLOYEES ARE REQUIRED TO USE SMCC'S PROVIDER, BAYSIDE EMPLOYEE HEALTH CENTER OR US HEALTHWORKS (MIDCOAST) FOR THE FIRST 10 DAYS OF TREATMENT. INITIAL EVALUATION/APPOINTMENT NEEDS TO BE SCHEDULED BY THE HR OFFICE. PLEASE CONTACT THE HR MANAGER AT (207) 741-5568 IF AN APPOINTMENT IS NEEDED OR IF YOU HAVE ANY QUESTIONS.**

**HEALTH CARE PROVIDER: Concentra**

**ADDRESS: 11 Medical Center Drive, Brunswick, ME 04011**

**PHONE: 207-725-2697**

**EMPLOYEE SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_