

**MOUNTAIN GROVE R-3 SCHOOL DISTRICT
INJURY INFORMATION SHEET**

**TO BE FILLED OUT BY ADMINISTRATION
PLEASE COMPLETE FORM TO THE BEST OF YOUR KNOWLEDGE. LEAVE
BLANK ANYTHING YOU ARE UNSURE OF. IMMEDIATELY FAX THIS INFORMATION TO
CENTRAL OFFICE.**

STAFF INFORMATION:

Name: _____
Last First Middle

Address: _____
Street / Route & Box City, State Zip

Sex: M – F

Social Security Number: _____

Date of Birth: _____

Date of Hire: _____

Date of Injury: _____

Time of Occurrence: _____

Date Administrator Notified: _____

Type of Injury / Illness: _____

Part of Body Affected: _____

Did Injury occur on Employee's Premises: Yes _____ No _____

Witnesses: Yes ___ No _____

Witness Name: _____

How did the injury / illness occur? Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill.

Signature of Administrator

Date