Work-Related Incident Report

Section One: Employee and Incident Information (Please answer **ALL** questions)			
Employee Name:			
Home Address:			
Home Phone:	Gender: M F	SS#	Date of Birth:
Employee Job Title:	Date of Hire:	Time Shift Starts:	
Date of Incident:	Time of Incident:	Date Reported:	To Whom Reported:
Location of Incident (building, room, etc):		Type of Injury (cut, sprain, etc):	
Injured Body Part:		Cause of Injury (machine, tool, etc):	
Description of Incident (please describe in detail what happened):			
Name of Supervisor:			
Section Two: Medical Authorization			
I, the undersigned, hereby authorize any medical care provider who has treated me, or any hospital to which I have been admitted, to furnish to any authorized representative of AmeriHealth Casualty Services, and all information which may be requested regarding my medical condition, treatment or disease, and if necessary, to allow them or any physician appointed by them to review any x-rays or records, regarding my physical condition or treatment. I also have been notified of the employer's physician panel.			
Employee's Signature:			