

DEPARTMENT OF HUMAN RESOURCES
UNIVERSITY OF MARYLAND EASTERN SHORE

FIRST REPORT OF INJURY QUESTIONS

Injured Worker's Name: _____
(last, first & middle initial)

Date of Injury: _____ Date Reported to Supervisor: _____

Today's Date: _____ Times: _____
(workday start time) (injury time)

Last Day Worked: _____ Expected return date: _____

Social Security Number: _____ Birth Date: _____

Home Address: _____
(Street, Apt. #, City, State & Zip)

Employee Job Title: _____

Date Hired: _____ Full time, part time or contract: _____

Campus Phone Number: _____ Home Phone Number: _____

Male _____ Female _____ Married _____ Single _____

Describe nature of Injury or Illness in Detail (be specific about part of body affected, e.g.,
amputation of right index finger at 2nd joint, fracture right arm, lead poisoning): _____

Describe employee's activities when injury occurred with details of how the event
occurred (Include name of other individuals involved, tools, machinery, objects vapors,
chemicals and unnatural motions of employee):

Were safe guards or safety equipment provided? Yes _____ No _____

Were they in use? Yes _____ No _____ If No, Explain _____

At what provider, clinic, or hospital did the injured worker seek treatment?

Was the injured worker admitted to a hospital? Yes _____ No _____

If yes, what is the name and address of the hospital: _____

Has the injured worker had any previous work injuries? Yes _____ No _____

Zero _____ One _____ Multiple _____ Dates _____

Name of Witness (if any): _____

Comments: _____

PLEASE COMPLETE ALL QUESTIONS