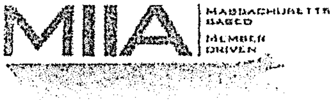

City of Newburyport

EMPLOYEE'S STATEMENT OF INJURY FACTS

Employee Name:______________________ Employee Address:______________________________
Telephone:Home:______________Work:____________________Date of Birth:__________
Social Security #:________________ Sex(M or F):_____ Marital Status:_____
Number of Dependents: (Give Name, Relationship, Date of Birth)________________________
____
Employer's Name:______________________________ Occupation:____________________________
How Long Worked for Employer?________
Date of Injury:__________________Time of Injury:_____________________
To Whom Was Injury Reported To/Their Position?____
Fully describe what you were doing & how the injury occurred:______________________________
____
____
____
Nature & location of injury: (Describe fully, given part of body, right/left, etc.)_____________
____
Witness: (If none, state so) ________________
Did Employee Lose Time From Work? Yes ☐ No☐ First Day of Lost Time:__________________
Return To Work Date:____
Was Medical Treatment Sought? Yes ☐ No☐
If "Yes", give name of Doctor or Medical facility:____
Do you have other concurrent employment? Yes☐ No☐
If "Yes", give name & address of company:____________________________________
Have you worked anywhere since your first day of Lost Time? Yes☐ No☐
If "yes", explain:____
Have you ever had a Work Related Injury? Yes☐ No☐
If "yes", give details:____
____
Do you have any pre-existing condition which restricts you in any way from performing your regular job duties with or without job modification? Yes☐ No☐
If "yes", give details: ____
____
____
Remarks & Comments (use reverse side if needed):______________________________
____
____
____

I have read the above questions and answered each to the best of my ability. My responses are true and correct to the best of my knowledge. I have retained a copy of this statement for my records.

_______________________	_______________________	_______________________
(Employee Signature)	(Witness Signature)	(Date of Report)

Return Original to:
MIIA Member Services
c/o Aon Risk Solutions
One Federal Street
Boston, MA 02110

Retain a copy for your records

An Interlocal Service of the Massachusetts Municipal Association