

**Report By Injured Employee**

Employer: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Date and Time of Injury: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Dates you missed work: \_\_\_\_\_

In your own words, please describe what happened and what you were doing when you were injured: \_\_\_\_\_  
\_\_\_\_\_

Describe in detail the nature and extent of the injury, indicate the body part involved: \_\_\_\_\_  
\_\_\_\_\_

Did you see the doctor/chiropractor? \_\_\_\_\_ If yes, name and address: \_\_\_\_\_  
\_\_\_\_\_

Date of doctor visit: \_\_\_\_\_ Follow-up visit date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Were you working at your job at the time of the injury: \_\_\_ Yes \_\_\_ No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses? \_\_\_ Yes \_\_\_ No

If yes, who? \_\_\_\_\_

Has employee return to regular duty? \_\_\_\_\_ Light duty? \_\_\_\_\_ Date \_\_\_\_\_

Is further medical aid needed? \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's name (printed or typed): \_\_\_\_\_

→ Return to: NCKSEC  
205 F Street, Suite 235, P.O. Box 369  
Phillipsburg, KS 67661