



GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

- First Report of Employee Injury -

Employee Information

Name: SSN: Date of Birth: Sex: Race: Marital Status: Position: Department/Campus: Home Address: Home/Cell Phone:

Description of Incident

Date of Injury: Time of Injury: Nature of Injury: Specific Part of Person Injured: Cause of Injury: Object or Substance Involved in Injury: Location of Incident: Witnesses to the Incident: Employee's Account of the Incident: Date Reported: Reported to:

Additional Information (to be completed by Supervisor)

Supervisor Name: Campus/Department: Employee Date of Hire: Full-Time Part-Time Rate of Pay: hourly daily Was the employee doing his/her regular job? Yes No Did the incident occur on district property? Yes No If yes, location: Did the employee seek medical treatment? Yes No If yes, where: Supervisor's Account or Comments:

Pursuant to the terms of the Medical Practices Act, I hereby consent to any physician's release to my employer or its authorized representatives of any and all information or medical records, confidential or otherwise, which he may acquire in the course of my examination or treatment. The reason or purpose for this release is my employer's payments to me, supplemental or sick pay, medical or other benefits, investigation of my medical condition, or other purposes related to my employment. In the event of any overpayment or underpayment to me, I authorize Goose Creek CISD, without separate notice, to make any adjustments to my pay in subsequent pay periods for errors incurred during preceding pay periods. Notify your supervisor immediately if injury required physician's care. Falsification of any portion of this report may result in termination.

Employee Signature: Date: Supervisor Signature: Date: