

Midway ISD
First Report of Injury or Illness – Workers' Compensation

Information about the employee:

Name: _____
Employee ID: _____
Home Phone: _____
Best phone number for contact: _____
Mailing Address: _____
Email address for contact: _____

Information about the injury:

Date of Injury: _____
Time of injury (specify am or pm): _____
Describe, in detail, how the injury/illness occurred. Be specific about area of body affected (i.e. left index finger)

Was the employee doing his/her regular job? Yes No

Worksite location of injury (be specific)

List of witnesses: _____

Supervisor's name: _____

Person preparing this report: _____

Signature

Date