

DREXEL UNIVERSITY
REPORT OF EMPLOYEE INJURY

(Must be completed by Immediate Supervisor with Employee)
Answer all questions fully. If not applicable, reply N/A

EMPLOYEE INFORMATION

NAME: _____

GENDER: Male
Female

ADDRESS: _____
Street City State/Zip
(Please give complete address including Zip Code otherwise claim cannot be processed)

HOME PHONE: (____) _____

DATE OF BIRTH: ___/___/___ SSN: ____-____-_____

MARITAL STATUS: Single # OF DEPENDENT CHILDREN: _____
Married

OCCUPATION: _____ DEPT: _____

WORK EXT.: _____ DATE OF HIRE AT DREXEL: ___/___/___

PAYROLL SCHEDULE: Monthly LAST FULL DAY PAID: _____
Bi-Weekly
Weekly

WORK SCHEDULE: _____ Full time Part time
(example: M-F, 8:00am – 5:00pm) Hours per week: _____

ACCIDENT INFORMATION

DATE OF INJURY: _____ TIME OF INJURY: _____ (example: 1:00pm)

DATE ACCIDENT/INJURY REPORTED: _____

DATE OUT OF WORK: _____ DATE RETURNED TO WORK: _____

PERSON INJURY REPORTED TO: _____

EXACT LOCATION OF INCIDENT: _____

WHAT YOU WERE DOING WHEN INJURY OCCURRED: _____

HOW DID INJURY OCCUR?: _____

CHECK ONE: UNSAFE ACT MECHANICAL DEFECT OTHER

LIST NAMES OF WITNESSES: _____

INJURY AND MEDICAL TREATMENT

NATURE AND LOCATION OF INJURY OR DISEASE (Specify part of body): _____

DATE TREATMENT FIRST SOUGHT: _____ CHECK HERE IF DID NOT TREAT

NAME OF PHYSICIAN or _____ ER**
PLACE OF TREATMENT: _____ Occupational Medicine

ADDRESS OF ATTENDING PHYSICIAN OR HOSPITAL: _____

***Anyone who treats at the ER **MUST** follow-up with Oc. Medicine within 48 hours of treating.
The hours at Oc. Medicine are Monday through Friday from 8:00am to 3:00pm. ***

EMPLOYEE'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

Supervisor's Name (please print): _____

PLEASE FORWARD A COPY OF THIS FORM TO:

Office of Risk Management
3201 Arch Street, Suite 310

Phone: (215) 895-6852 or (215) 895-2292
Fax: (215) 895-1411

Employees injured while working within the scope of their employment are eligible for worker's compensation. Worker's compensation will pay for all relevant medical and diagnostic treatment, as well as compensate employees unable to work due to their injury, within certain time limits. Please contact the Drexel Risk Manager for details.