



South Washington County Schools

Employee Injury Report Form

Please print clearly. This report must be submitted within 24 hours of injury/illness to Human Resources-Benefits Staff
 Fax completed form to **651-425-6258**

Claim Information

Claim Information			
Employee's Name		Social Security # (last 4 digits)	
Home Address: (Street)		(City)	
		(State)	(Zip)
Home Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		Date of Hire:	
Occupation:		Employee Group/Department:	
Supervisor's Name:		Supervisor's Phone Number:	
Date of Injury:	Time of Injury: <input type="checkbox"/> AM <input type="checkbox"/> PM	Time Workday Begins: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Did the accident occur at the work location: <input type="checkbox"/> No <input type="checkbox"/> Yes-if yes, list building:			
If no, where did the accident occur (Street)		(City)	(State) (Zip)
Give a full description of how the accident occurred:			
Date and time reported to employer:		Person injury reported to:	
Injury Description:			
Which part of the body was injured? <input type="checkbox"/> Neck <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other _____			
Part of body location: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both			
Has the employee missed any time? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when was the first full day out?	
Medical Information			
Initial Medical Treatment:			
Medical treatment <input type="checkbox"/> Yes <input type="checkbox"/> No		Refused to see doctor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician/clinic <input type="checkbox"/> Yes <input type="checkbox"/> No		ER Treated and Released <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Minor/Onsite First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinic/Doctor/Hospital: Complete only if employee was treated at clinic/hospital			
(Name of Clinic/Doctor/Hospital)		(Address)	(Phone Number)
Witness Information			
Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list names and how to contact them:			

Comments

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____



South Washington County Schools

Theresa Lenarz, Assistant Director of Human Resources

District Service Center

7362 E Point Douglas Rd S

Cottage Grove, MN 55016

Phone: 651-425-6279 Fax: 651-425-6258

What to Do When an Employee Reports A Work Place Injury

1. Assess and respond to employee's medical needs

- ✓ For emergencies, call 911 and inform Human Resources
- ✓ For non-emergency medical situations, the following clinics are designated for work related injuries:

Allina Medical Clinic
Cottage Grove
8611 W Point Douglas Rd S
Cottage Grove, MN 55016
651-458-1884

Allina Medical Clinic
Woodbury
8675 Valley Creek Rd
Woodbury, MN 55125
651-241-3000

Health Partners
Cottage Grove Clinic
7500 80th Street South
Cottage Grove, MN 55016
651-415-4100

Health Partners
Woodbury Clinic
8450 Seasons Parkway
Woodbury, MN 55125
651-702-5300

✓ After hours medical guidance is available 24 hours/day, 7 days a weeks by calling the HealthPartners CareLine 952-883-5484 (Metro) 1-888-544-5484 (Toll free)

2. Request employee to complete the Employee Injury Report Form immediately

- If employee is unable to complete the Injury Report, supervisor/health office staff should complete
- Ensure that the supervisor is aware of incident and signs form
- **Fax** completed Injury Report to Benefits at **651-425-6258 within 24 hours!!**

3. Provide employee with the following documents:

- Employee Injury Report Form
- What to do if You are Injured at Work
- Worker's Compensation Insurance and Sample Workability Report

4. If employee seeks medical attention, employee **must** obtain a signed Workability Report from the health care provider and submit to the health office/supervisor within 24 hours. Employees must receive a Workability Report at **each** clinic visit. The health office/supervisor should fax this report to Benefits at 651-425-6258 immediately upon receipt. If employee has work restrictions or is unable to work, contact Theresa Lenarz in Human Resources at 651-425-6279.

5. Employees who miss work due to this injury, should submit their absences in ERMA. Supervisors should follow up to ensure absences are reported. Employees who normally request a substitute (teachers, paraprofessionals, office professionals and kids club) should continue to do so and supervisors should follow up to ensure coverage.

Kristen Kachel, Benefits 651-425-6254
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