

CONFIDENTIAL

**Lewis & Clark
ACCIDENT-INCIDENT-INJURY/ILLNESS
Statement of Facts**

Name: _____ Event Date: _____

Job Title: _____ Date of Hire: _____

Your Immediate Supervisor: _____

Home Address: _____

Work Phone: _____ Home Phone: _____

Explain in detail what you were doing immediately prior to your injury/accident/incident. For occupational illnesses, describe what, in your opinion, was the principle, proximate cause of your condition. Attach additional pages if necessary.

Witnesses: _____

Have you sought medical treatment? Yes _____ No _____

If yes, what was the date of 1st treatment? _____

Do you feel you are improving? Yes _____ No _____

What is the name of your treating physician? _____

Are you taking any medications with a drowsiness warning on the label? Yes _____ No _____

Signature Date