Injured (Employee) Name: ___________________________ Date: ____________
Client Name: ___________________________ Time of Incident: _________ (am/pm)
Department: ___________________________ Employee’s supervisor: ___________________________

**Employee Statement:**
You have indicated that you sustained a work-related injury. Through your cooperation, information can be obtained to complete our investigation into this incident/injury. Please provide us with your statement to the best of your recollection and return it to the investigator or your supervisor. All information gathered during our investigation into your work-related incident/injury will help us identify ways to prevent future occurrences.

1. What body part(s) were injured (See Diagram Page 2)?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

2. Describe in detail how the injury occurred. Include sequence of events and any tools/devices involved:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

3. List any witnesses or individuals involved in the incident/accident (Print name):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

4. How do you believe the injury could have been prevented?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

* Please use additional sheets of paper if necessary

I acknowledge that the above statement is true and accurate to the best of my knowledge. I also acknowledge that knowingly providing false information to obtain workers’ compensation benefits is considered fraud. Worker’s compensation fraud is a felony punishable by imprisonment, large fines and restitution.

Injured (Employee) Name (Print): ___________________________ Date: ____________
Injured (Employee) Signature: ___________________________

**If Necessary:**
Interpreter Name (Print): ___________________________ Date: ____________
Signature: ___________________________ Phone #: ___________________________

**THIS DOCUMENT AND THE INFORMATION IN IT ARE PROVIDED IN CONFIDENCE, FOR THE USE OF WORK FIRST CASUALTY COMPANY (WFCC) INSURED, AND MAY NOT BE DISCLOSED TO ANY THIRD PARTY OR USED FOR ANY OTHER PURPOSE WITHOUT THE EXPRESS WRITTEN PERMISSION OF WFCC.**
Workers’ Compensation
Employee Injury Statement
Home Health Care

Nature of Injury: (Check most serious one)

☐ Abrasion, Scraps
☐ Bruise
☐ Concussion (to the head)
☐ Hernia

☐ Amputation
☐ Burn (Heat)
☐ Crush Injury
☐ Illness

☐ Broken Bone
☐ Burn (Chemical)
☐ Cut, Laceration, Puncture
☐ Sprain, Strain

☐ Other (Describe) ________________________________________________

Part of body injured or affected: (Shade all that apply)
Additional Comments:

___________________________________________________________________________________
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