

ST. CLAIR COUNTY BOARD OF EDUCATION – INJURY REPORT
410 Roy Drive, Ashville, AL 35953

Name of Injured Employee		Social Security #	Date of Birth	Sex
Home Address		Phone (H) (W)	Job Title	Status
Date of Injury	Time of Injury		Date Employer Notified	
City or Town where injury occurred			Location or place where injury occurred	
Is Employee covered by medical Insurance?			Type of Insurance	
Name and Address of attending physician				
Name and Address of medical facility where treated				
Describe fully what happened to cause the injury or illness				
Describe the injury or illness in detail and indicate the body part(s) affected				
List any witnesses to the injury (give name, address, and telephone number)				
Name of injured person	Signature of injured person		Daytime Phone	Date
Name of supervisor	Signature of injured supervisor		Daytime Phone	Date