

MILLERSVILLE UNIVERSITY
EMPLOYEE'S REPORT OF INJURY

Name _____ Perner # _____

Address _____
Street City State Zip

Home or Cell No. _____ Occupation _____

Department _____

List Any Other Employment _____

Date of Injury _____ Time _____ am pm

Date Injury Was Reported _____

Who was injury reported to _____

Describe fully how injury happened: _____

Injury Witnessed by: _____

What part(s) of your body were injured _____

Did you stop work as a result of your injury _____ When _____

From whom did you receive first medical treatment _____

Date of first treatment _____

Are you still under treatment _____

Signature _____ Date _____