# Occupational Injury or Illness **Employee** Report

It should be completed soon as possible to obtain the most accurate information.

| Employee Name: | Employer: Northeastern State University |
|---|---|
| Explanation of injury (How, When, Where) | |
| | |
| | |
| | |
| | |
| | |
| | |

| Date you first noticed the pain? | Did this pain develop gradually? | Or suddenly? |
|---|---|---|

If the pain developed suddenly, exactly what were you doing when the pain was felt?

If nothing unusual or unexpected happened, what do you think caused the pain?

List body parts injured:

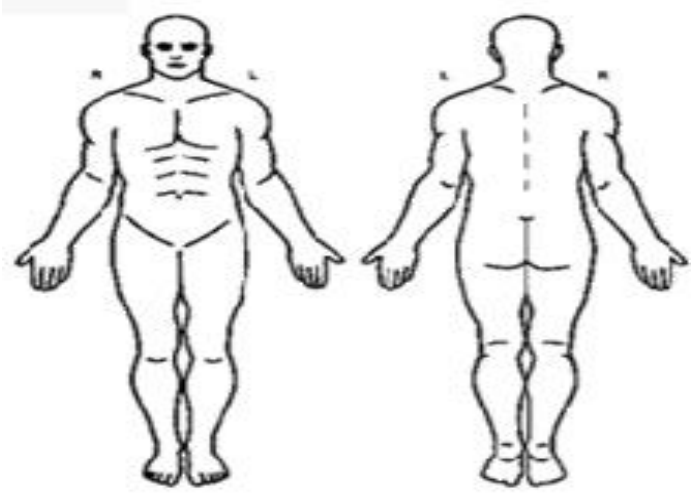
Have you discussed this pain with anyone at work? If yes, with whom and when? Yes No

Have you had any recent non-work-related injuries/illnesses? If yes, please list: Yes No

If the above answer is yes, what was the problem, when did it occur, and what (if any) medical treatment did you receive?

**Show part(s) of the body injured, noting the longevity, type and degree of pain.**

On the diagram below, indicate the location, description, and level of pain you are experiencing at this time.
Example: **"A-6= Ache- Severe pain"**



**Note type of pain:**

| | | |
|---|---|---|
| **A** = Ache | **B** =Burning | **P** = Pins & Needles |
| **N** = Numbness | **S** = Stabbing | **O** = Other |

**Note level of pain:**

| | |
|---|---|
| **0** | No Pain |
| **1** | Mild pain, you are aware of it, but it doesn't bother |
| **2** | Moderate pain that requires medication to tolerate the |
| **3** | More severe pain |
| **4** | Severe pain |
| **5** | Intensely severe pain |
| **6** | Most severe pain, unbearable |

**Was medical treatment away from the job site offered?**

Yes No

If treatment was offered, but declined, please sign:

| Have you ever received medical treatment for the injured body part(s) listed above? If so, please note the date and physician/hospital where treatment was rendered. | Yes | No | |
|---|---|---|---|

**I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief they are correct and complete.**

**Employee Name (Print):** **Date of Birth:**

**Employee Signature:** **Date:**