

Injury Report

FIRST NAME LAST NAME

CONTACT NUMBER DOB / /

GENDER

ADDRESS

POSITION HELD

DEPARTMENT

WORK ADDRESS

SUPERVISOR NAME

SUPERVISOR CONTACT

EMPLOYMENT STATUS

I am a contractor/temporary working for a Morgan McKinley client

I am a part time, full time or casual Morgan McKinley employee

NAME OF MORGAN MCKINLEY CONSULTANT (IF APPLICABLE)

DETAILS OF INJURY

DATE OF INJURY / / TIME OF INJURY

WHEN DID THIS OCCUR?

During work hours

Journey to/from work

During work break

Other

Injury Report

ADDRESS WHERE INJURY TOOK PLACE

PROVIDE DETAILS OF THE INJURY

PROVIDE DETAILS OF INJURY SUSTAINED EG. WHICH PARTS OF THE BODY ARE AFFECTED?

DO YOU HAVE ANY PRE-EXISTING INJURIES AND/OR CONDITIONS

ACTION TAKEN

I received first aid treatment

I went to see a doctor

No action was taken

Other (please provide details)

NAME OF DOCTOR OR HOSPITAL, IF YOU HAVE SOUGHT TREATMENT

PLEASE PROVIDE DETAILS FOR ANY WITNESSES TO THE INJURY