



SCHOOL DISTRICT NO. 53 (Okanagan Similkameen)

SECTION A: INJURY REPORT (to be completed by injured worker)

Last Name	First Name	Middle Initial	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:	City/Town	Postal Code	Phone	
Birth Date (mm/dd/yy)	SIN	PHN: (BC Care Card)		
Position/Occupation	Employed with the district since (mm/yy)			
Date and time of injury (mm/dd/yy)	at	am/pm	or exposure from (mm/dd/yy)	to
My injury or disease was first reported to my employer on: _____ (date and time)				
Incident was reported to _____ (name) <input type="checkbox"/> First Aid <input type="checkbox"/> Supervisor <input type="checkbox"/> Office				
Name of witness, if any		<input type="checkbox"/> I received first aid <input type="checkbox"/> I did not receive first aid		
Did you/will you see a doctor? <input type="checkbox"/> yes <input type="checkbox"/> no				
If yes, name and address of physician or qualified practitioner				
Description of how and where the incident happened (include site and location eg hallway, parking lot, etc)				
Description of the injury in detail (include what part of the body was injured)				
Prior to this incident, did you have any recent pain or disability in the area of your injury? <input type="checkbox"/> yes <input type="checkbox"/> no				
Worker's Signature:			Date:	

SECTION B: FIRST AID ATTENDANT'S REPORT (to be completed by First Aid Attendant)

Date and time injury reported to first aid _____ (mm/dd/yy) _____ (am/pm)		
Description of injury, exposure or illness (what you see, signs and symptoms) (note side of body injured eg right, left, both)		
Description of treatment given (what did you do?)		
First aid attendant's name: (print)	First aid attendant's signature	Date