



On-The-Job Medical Reporting Form

Employee Information

Employee Name: _____
Office Reported To: _____
Person Reported To: _____
Time Reported: _____
Date Reported: _____

Incident Information

Time & Date of Occurrence: _____
Location of Occurrence: _____
Location / Type of Injury: _____
Time Reported: _____

Detailed Description Of How Injury Was Sustained:

Medical Attention Sought?

- Yes
- No

Name of Attending Doctor: _____
Address/Telephone of Doctor: _____

Manager Signature

Date