CLAREMONT McKENNA COLLEGE

Employee's Report
of Occupational Injury or Illness

Must be submitted within 24 hours of occurrence.

Employee Information

1. Full Name: _____ 2. Employer: _____
3. Department: _____ 4. Job Title: _____
5. Contact Phone Number: _____ 6. Email: _____

Accident Information

7. Date and time the injury/illness (accident) occurred? _____ at _____ ☐ AM ☐ PM
8. Time your work shift began? _____ ☐ AM ☐ PM
9. Location where it occurred? (e.g., building & room) _____
10. Were there witnesses? ☐ No ☐ Yes – Name(s): _____
11. Describe below in full how the injury/illness (accident) occurred, including what you were doing at the time.

_____

_____

_____

_____

12. What type of accident was it? (Select all that apply)

☐ Animal or Insect Bite	☐ Collision (vehicle/automobile)	☐ Foreign Object in Eye
☐ Contact with Hot Object	☐ Electrical Contact	☐ Contact with Chemical
☐ Fall (liquid/grease spill)	☐ Fall (different/same level)	☐ Material Handling
☐ Repetitive Movement	☐ Contusion (bruise)	☐ Strain
☐ Laceration/Perforation	☐ Other: _____	

13. In your opinion, what can be done to prevent such an accident from happening again?

_____

Injury or Illness Information

14. Describe your injury/illness: _____
15. Body part(s) affected? _____ ☐ Left ☐ Right ☐ Bilateral
16. Is the injury/illness related to COVID-19? ☐ No ☐ Yes
17. Have you experienced a similar injury/illness in the past? ☐ No ☐ Yes – When?: _____
18. Have you already received medical attention for this injury/illness? ☐ No ☐ Yes* (provide details below)
    * Date: _____ Doctor's Name: _____ Phone: _____
    * Doctor's Address: _____
19. **Do you wish to receive medical attention for this injury/illness?** ◯ No ◯ Yes

By my signature on this claim statement, I acknowledge that I understand that willfully making a false statement or concealing a material fact to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete.

Employee Signature: _____ **Date:** _____

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