

Axios HR Injury/Accident Simple Report - Complete and email to risk@axioshr.com or fax to 616-949-2834 within 24 hours of incident. **This page to be filled out by Supervisor and signed by Injured Employee and Supervisor.** It is important to fill this single page out for every incident even when not seeking medical treatment

Employee Information (Please Print)

Name: _____ Hire Date: _____
Date of Birth: ____/____/____ SSN (office use only): _____ Sex: ___M ___F
Address: _____ Apt # _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Pay: _____/hr Shift: _____ Hours: _____ am/pm - _____ am/pm

Client Information

Company: _____ Location: _____
Supervisor: _____ Phone: _____
Accident Date: ____/____/____ Time: _____ am/pm
Accident Location: _____

Body part injured _____ Left/Right

Describe in detail the nature of incident and how it occurred (Include name of machine/equipment involved, if any):

Were safety measures in place? ___ Yes ___ No

Were safety protocols violated? Explain: _____

Who was notified at Axios HR: _____ Date: ____/____/____ Time: _____ am/pm

Will employee be seeking medical treatment at this time:

___ **No** - Employee refuses treatment

___ **No** - injury only requires simple first aid/does not require treatment

Describe first aid administered:

___ **Yes** - **If yes, please complete full injury report** Employee will be seeking medical treatment at the following medical facility:

Report completed by: _____ Date: ____/____/____

Employee Signature: _____ Date: ____/____/____

Supervisor Signature: _____ Date: ____/____/____

**IF an Injury requires anything more than simple first aid
A full Injury Report MUST be completed**

Axios HR Injury/Accident Full Report - Complete and email to risk@axioshr.com or fax to 616-949-2834 within 24 hours of incident. **This page to be filled out by Employee and signed by Injured Employee.** This report is to accompany the Simple Report that is completed at time of all injuries. Witness form is to be completed and signed by the Witness.

Employee's Account of the Accident (this page to be filled out by the injured employee)

Accident Date: _____

Time of Accident _____ am/pm

Accident Location:

Describe in detail the nature of incident and how it occurred (Include name of machine/equipment involved, if any):

Body part(s) injured: _____

Were safety measures in place? ___ Yes ___ No

Were safety protocols violated? Explain: _____

Any other comments regarding injury _____

Treatment Information

First aid administered by: _____

Describe first aid that was administered: _____

Did employee seek additional treatment outside of first aid? ___ no ___ yes

If yes, please fill out the following information after first vist:

Treating Facility: _____

Doctor: _____

Describe treatment results:

Were you placed on restricted duty: ___ No ___ Yes

If yes, please describe your restrictions: _____

Injured Employee Signature: _____

Date of Signature: ____/____/____

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Medical Information Release (to be filled out by injured employee)

I _____ authorize Axios HR to request and obtain all records regarding any industrial accident or occupational disease involving myself and Axios HR. This is to include doctor's reports, follow-up reports, nurse's notes, medical bills, test results, etc. A facsimile or photo static copy of this authorization shall be considered as effective and valid as the original. This release shall remain in effect until specifically rescinded in writing by me.

Injured Employee Signature: _____

Date of Signature: ____/____/____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please provide medical history information regarding your patient only to the extent necessary to fully respond to all relevant items on this form.

Employee Acknowledgement of Restricted Work Offered

I understand that Axios HR has a restricted work program providing me with light duty work until I am released to regular work status. I have been notified by Axios HR that work is available within the restrictions placed on me by the treating physician.

_____ I accept the restricted duty instructions given me by Axios HR's client

_____ I have declined the restricted work offered to me Axios HR's client.

Injured Employee Signature: _____

Date of Signature: ____/____/____

Completed by: _____

Date: ____/____/____

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Injury Witness Statement (This page to be filled out by witness)

Witness Name: _____

Injury Date: ____/____/____

Were you in the area where accident happened: ____ Yes ____ No

Did you see the accident happen: ____ Yes ____ No

Was it obvious that employee was injured: ____ Yes ____ No

Have you heard employee complain of similar injury: ____ Yes ____ No

Has employee spoken of other work-related injuries: ____ Yes ____ No

Did employee violate any safety rules: ____ Yes ____ No

Was employee ever warned of unsafe work habits: ____ Yes ____ No

In your own words, explain exactly what happened (Include location, tools, equipment, etc.):

What part of body appeared to be injured: _____

What could have prevented the accident:

Any other comments regarding Injury: _____

I swear to the best of my knowledge that I have answered the above questions truthfully.

Witness Signature: _____

Date of Signature: ____/____/____