

NORTH FOND DU LAC SCHOOL DISTRICT – SCHOOL HEALTH PROGRAMS

1115 Thurke Avenue North Fond du Lac, WI 54937

Telephone: (920) 929-3750 Fax: (920) 929-3696

EMPLOYEE INCIDENT REPORT

Please report to Medcor: (815) 363-9500

Medcor reference number: _____

Employee: _____ Date of Birth: _____

Sex: M / F (Circle One) Building: _____ Date/Time of Incident: _____

Location of Incident: (Check appropriate box)

Nature of Incident: (Check appropriate box)

- School Grounds
- Hallway
- Classroom
- Outdoor _____
(Specify exact location)
- PAC
- Gym
- Other: _____

- No apparent injury
- Sprain/Strain
- Dislocation
- Respiratory Emergencies
- Laceration
- Rash
- Head Injury
- Burn
- Back Injury
- Dental Injury
- Eye Injury
- Fracture
- Abrasion/Contusion
- Bloodborne Pathogens
- Other: _____

Injured Body Part: (Check appropriate box)

Caused By: (Check appropriate box)

Right / Left (Circle One, if applicable)

- Abdomen
- Ankle
- Arm
- Back
- Chest
- Eye
- Face
- Foot
- Hand
- Head
- Knee
- Leg
- Teeth
- Wrist
- Other: _____

- Bodily Motion
- Material Handling
- Slip/Fall
- Another Person
- Foreign Body
- Sharp Instrument
- Heat/Thermo
- Bite
- Chemical
- Struck by Equipment
- Other: _____

Explanation of Injury:

Was blood or other body fluid present? Yes / No (Circle One)

Was personal protective equipment used? Yes / No (Circle One)

Witness Name: _____ Witness Phone: _____

Witness Address: _____

First Aid:

Person(s) Notified:

Disposition:

By Whom: _____

Name: _____

- Observation
- Rest
- Ice
- Elevation
- Wound Care
- Other: _____

- Family Member
- Doctor/Dentist
- First Responder/911
- Other: _____

- None, returned to work
- Home
- Doctor/Dentist Office
Name: _____
Date: _____
- Emergency Room/Hospital
- Missed Days of Work _____

Report Completed By: _____

Reviewed by Administrator/Principal: _____

Reviewed by District Nurse: _____