Aurora Public Schools
15701 E 1st Avenue, Suite 106
Aurora, Colorado 80011
(303) 365-7816
Fax (303) 326-1921

FIRST REPORT OF INJURY

This report should be completed by the employee and the Supervisor/Principal after an on-the-job injury and faxed to the above fax number **within 48 hours**. **Please complete all information as it is required by Colorado Statute.**

Employee Name				Social Security Number		
Home Address	Street			City	State	ZIP
Date of Birth	Sex	Age	Home Phone Number	Marital Status		
Occupation	Department or School		Job Assigned when Injured	Length of Experience at this Assignment		
Normal Work Hours (From – To)	Hours per Day	Days per Week	**Information Concerning Accident**			
			Date	Time	School/Location/Place	
Hours Worked on the Date of Injury (From – To)						
Accident reported to Supervisor/Principal: Date_____ Time_____	Were you able to continue work: Yes _____ No_____		If no, last day worked:	Date Returned to Work or Estimated Date of Return:		
Have you been injured on the job before? Yes_____ No _____	Did this accident aggravate a previous injury? Yes_____ No_____ If yes, explain and list name of physician:					

State part of body injured (indicate left, right, shoulder, foot, etc.) _____

Relate in your own words how injury occurred (i.e., task being performed, equipment used, special circumstance or condition, etc.):

_____

_____

_____

_____

Witness(es): _____

**Please see the school nurse. Risk Management procedures include seeing a school nurse to triage the injury before seeking outside medical care. If you are unable to see the nurse, please call Risk Management at ext. 28412.

Nurse's Notes/Recommendations:

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I understand that I must be seen by one of the four Designated Medical Providers for Aurora Public Schools. I further understand the list of designated medical providers is available from my school nurse, site secretary, the Risk Management Office and the Risk Management internal website.

It is unlawful to provide, false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, civil damages and employment disciplinary action.

Signature of Employee _____ Date _____ Signature of Supervisor/Principal _____ Date _____

Revised 7/2012