

Utah School Boards Risk Management Mutual Insurance Association
860 E 9085 S Sandy Utah 84094

Employee Information

Name _____
Home Address _____

Phone _____
Email _____
Contact Preference Phone Email
Married Yes No # of Children under 18 _____

Employment Information

Occupation _____
Gross Pay per Week \$ _____
Second job? Yes No
Name of 2nd Employer _____

Accident Information

Date/Time of Accident _____ During regular work hours/duties? Yes No
List any Witness _____ Were you at your regular work location? Yes No
_____ If no to either, please explain _____

Describe in detail how accident happened _____

Injury Information

Describe Injuries _____
Did the doctor take you off work? Yes No
Expected Return to Work Date _____
In the past, have you had an injury or treatment to the same part of body? Yes No
If yes, who treated you? _____
Approximate date last seen? _____

Treatment Information

Were you treated for your injury? Yes No
If yes, where were you seen?

List Name of Clinic/Hospital and Doctor (If Known)
Additional treatment recommended? Yes No
If yes, please describe:

If you will be seen more than three times, remember to complete the Release of Protected Health Information and the Medical Treatment Provider list and return with this form. If you were seen 1-3 times and released from care, return just this form.

Signature _____ Date _____