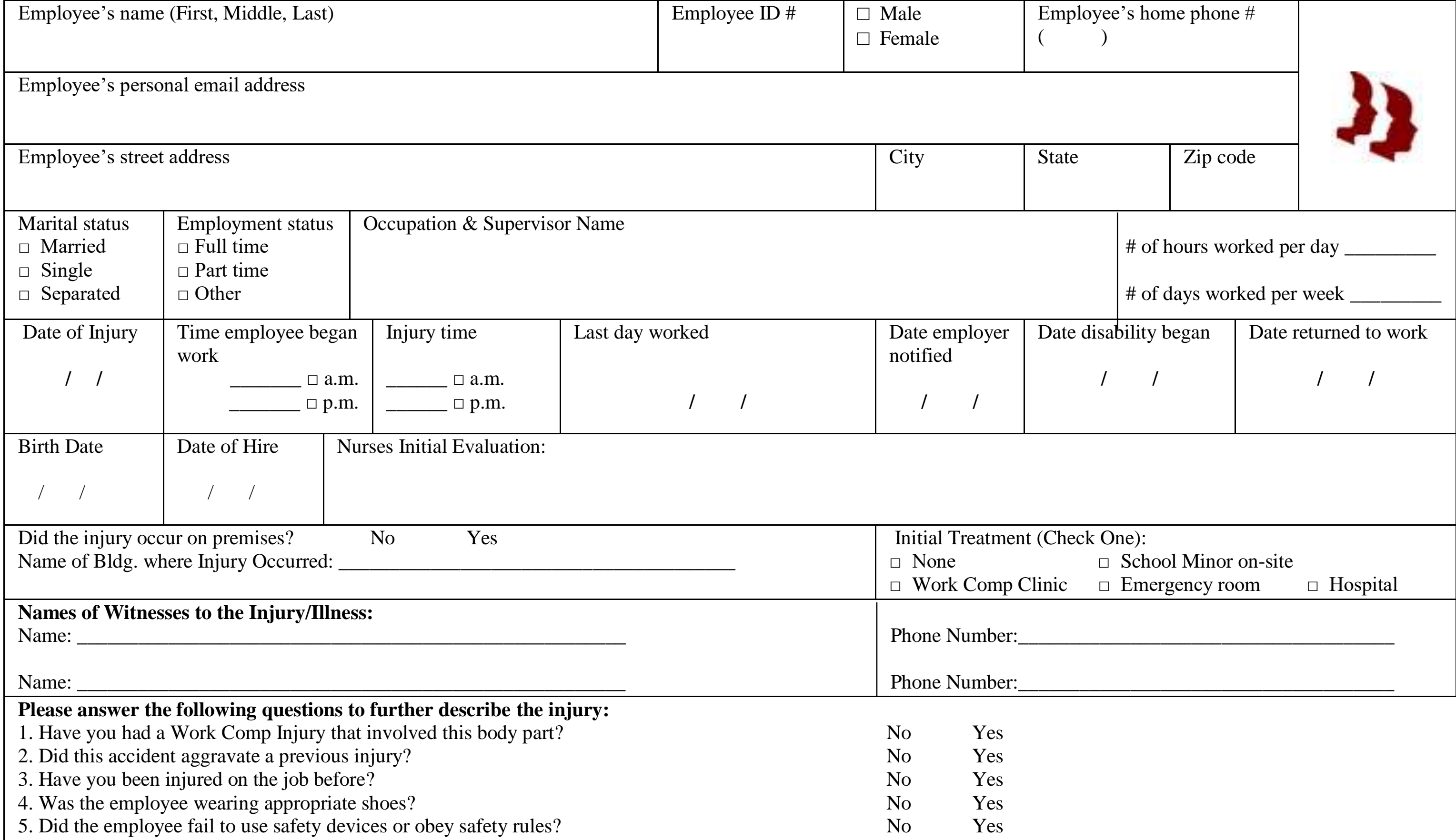

CHERRY CREEK SCHOOL DISTRICT #5 EMPLOYER'S FIRST REPORT OF INJURY

Employee's name (First, Middle, Last)	Employee ID #	☐ Male ☐ Female	Employee's home phone # ( )

Employee's personal email address

Employee's street address	City	State	Zip code

Marital status ☐ Married ☐ Single ☐ Separated	Employment status ☐ Full time ☐ Part time ☐ Other	Occupation & Supervisor Name	# of hours worked per day _________ # of days worked per week _________

Date of Injury	Time employee began work	Injury time	Last day worked	Date employer notified	Date disability began	Date returned to work
/ /	_______ ☐ a.m. _______ ☐ p.m.	______ ☐ a.m. ______ ☐ p.m.	/ /	/ /	/ /	/ /

Birth Date	Date of Hire	Nurses Initial Evaluation:
/ /	/ /	

Did the injury occur on premises? No Yes
Name of Bldg. where Injury Occurred: ____

Initial Treatment (Check One):
☐ None ☐ School Minor on-site
☐ Work Comp Clinic ☐ Emergency room ☐ Hospital

Names of Witnesses to the Injury/Illness:

Name: ____ Phone Number:___________________________________

Name: ____ Phone Number:___________________________________

Please answer the following questions to further describe the injury:

1. Have you had a Work Comp Injury that involved this body part?	No	Yes
2. Did this accident aggravate a previous injury?	No	Yes
3. Have you been injured on the job before?	No	Yes
4. Was the employee wearing appropriate shoes?	No	Yes
5. Did the employee fail to use safety devices or obey safety rules?	No	Yes

DESCRIBE WHAT HAPPENED IN DETAIL:

____

____

____

____

What was the employee doing at the time of injury?

____

What object or substance harmed the employee?

____

What body parts are affected?

____

☐ I do not want to seek medical treatment at this time.

Please put a check mark in the box below for the Designated Provider you choose to see if seeking treatment.

Injury Care Associates - Parker	**Occupational Medical Partners - Aurora**	**Concentra-Tech Center**	**Concentra- Aurora South East**
☐ 19284 Cottonwood Dr. Suite #104 Parker, CO 80138 (720) 409 -0007 Monday-Friday 7am – 5pm	☐ 1390 S. Potomac St Suite #136 -East side of Bldg. Aurora, CO 80012 (303) 214 -0000 Monday-Friday 7am - 5pm	☐ 11877 E. Arapahoe Rd Suite #100 Centennial, CO 80112 (303) 792 -7368 Monday-Friday 8am - 5pm	☐ 10355 E. Iliff Ave Aurora, CO 80247 (303) 755 -4955 Monday-Friday 8am - 5pm

In case of serious injury call 911 or go to the nearest medical facility.
Follow up care needs to be provided at one of the above selected designated providers the following day.

I understand that I must be seen by one of the above designated Medical Providers for Cherry Creek 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 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.

______________________________	__________	______________________________	__________
Injured Employee	Date	Supervisor/Person Notified	Date

Fax (720-554-4641) or Email (riskmanagement@cherrycreekschools.org) a copy to Risk Management.

Rev 09/27/2022