

# CENTENARY COLLEGE



NEW JERSEY

## Accident/ Injury Report

Claim Number \_\_\_\_\_

**An Accident/Injury Report must be completed and reported within 24 hours.**

Name of Employee/Student/Guest \_\_\_\_\_

Department Employee Works in \_\_\_\_\_

Date of Accident/Injury \_\_\_\_\_ Time: \_\_\_\_\_ \_\_AM \_\_PM

Location of Incident (be specific): \_\_\_\_\_

Date Reported \_\_\_\_\_ To Human Resources \_\_\_\_\_ To Health Office

Description of Accident/Injury & how did it occur? (be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone witness the incident? \_\_\_No \_\_\_If Yes, Who? \_\_\_\_\_

Initial Treatment \_\_\_\_\_

\_\_\_\_\_

Treatment by Health Office \_\_\_\_\_

\_\_\_\_\_

Health Office Follow-up & Referral to \_\_\_\_\_

\_\_\_\_\_

Did the employee/student lose time from work/school? \_\_\_\_\_

What date did the employee/student return to work/school? \_\_\_\_\_

This report completed \_\_\_\_\_

Date

Signature

Printed Name

Comments: \_\_\_\_\_

\_\_\_\_\_

Employee/Student/Guest Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR EMPLOYEES: ORIGINAL TO HUMAN RESOURCES FOR STUDENTS: ORIGINAL TO HEALTH SERVICES

COPY TO: HEALTH SERVICES OFFICE; BUSINESS OFFICE, ACCOUNTANT; ASST DEAN OF STUDENTS FOR CAMPUS SAFETY

**PLEASE SEE OTHER SIDE**

## **IMPORTANT NOTICE to FACULTY & STAFF**

When you complete a Centenary College Accident and Injury Report, it must be submitted to the Human Resources Department. Upon receipt, the Human Resources Department will notify the College's Workers' Compensation insurance carrier.

Once the College's Workers' Compensation insurance carrier has been notified, a CLAIM NUMBER will be assigned to this accident or injury. The Human Resources Department will contact you to inform you of your CLAIM NUMBER. In the event that you seek any medical treatment with regard to this reported accident or injury, you are required to provide the treating practitioner with your CLAIM NUMBER.

**Medical treatment, other than emergency treatment, must be with an authorized medical practitioner through the College's Workers' Compensation insurance carrier to avoid incurring personal expenses because worker compensation claims are ineligible under medical insurance plans.**

In order to identify an authorized medical practitioner, please contact the Human Resources Department at 908-852-1400 x2334 or x2268. The Human Resources Department will provide you with the telephone number for the appropriate representative at the College's Workers' Compensation insurance carrier. When you call the Workers' Compensation insurance carrier, they will identify authorized medical practitioner(s) for you.

If you have any questions about this information, please contact the Human Resources Department at the above telephone number.

PLEASE SEE OTHER SIDE