GENERAL HEALTHCARE RESOURCES
WORKERS' COMPENSATION INCIDENT REPORT

YOU ***MUST*** CONTACT GHR'S HUMAN RESOURCES' DEPARTMENT IN THE EVENT OF ***ANY*** INCIDENT, REGARDLESS IF MEDICAL ATTENTION IS SOUGHT. THIS COMPLETED FORM SHOULD BE FAXED TO **610-684-4751**.

Employee Name:	
Employee Title:	
Employee Address:	
County of Residence:	
Employee Phone:	
Employee SSN:	
Employee Date of Birth:	
Incident Facility:	
Date of Incident:	
Shift Working:	
Time of Incident:	
Did Employee Finish Shift?	
Type of Injury:	
Body Part(s) Injured: (i.e. right lower arm)	
How/Why Incident Occurred:	
Witnesses? If yes, Name & Title:	
Was medical treatment sought? If yes, where:	
Nursing Supervisor (NS) Signature: (NS on shift incident happened, on the day it happened)	_____ SIGNATURE _____ PRINT
NS Comments:	
Employee Signature:	_____ (I certify that all provided information by me is truthful and any intent to commit insurance fraud will be prosecuted to the fullest extent of the law)

***** In most states, in order to assure that reasonable medical treatment will be paid for by our workers' compensation insurance company, you are required to select a licensed physician or practitioner of the healing arts that is on the insurer's panel. Human Resources will direct you to a panel participant; contact H.R. at **800-879-4471, x119**. If you are faced with a work-related medical *emergency*, you may secure assistance from a hospital or physician of your choice for initial evaluation. If follow-up care is needed, you will be directed to a panel physician.