

# CONFIDENTIAL



DIOCESE OF YAKIMA  
PASTORAL CENTER  
5301-A TIETON DRIVE  
YAKIMA, WA 98908-3493

## EMPLOYEE ACCIDENT/ILLNESS REPORT

<b>EMPLOYEE</b>	Last Name		First Name		MI		
	Home Address (Number & Street, Apt)			City	State	Zip Code	Telephone
Social Security Number		Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F		Marital Status <input type="checkbox"/> Sing <input type="checkbox"/> Mar. <input type="checkbox"/> Div. <input type="checkbox"/> Wid.		
<b>EMPLOYER</b>	Employer's Name				Location		
	<b>INJURY/ILLNESS</b>		Date of Injury	Time of Injury a.m. p.m.	Date Reported	Time Reported a.m. p.m.	
Last Day of Work After Injury			Date of Return to Work		Number of Work Days Lost		
Address or Location of Accident		City	County	State	Zip Code		
On Employer Premises? <input type="checkbox"/> yes <input type="checkbox"/> no	Nature of Injury (Scratch, Cut, Bruise, etc.?) (see reverse)			Fatal? <input type="checkbox"/> yes <input type="checkbox"/> no	Part of Body Injured (see reverse)		
How did accident happen? Describe in detail, specifying what employee was doing when accident occurred, the machine, tool, substance, or object most closely connected with accident (use reverse side if needed).							
If another person not in company employ caused accident, give name, address, phone, and any other pertinent information (driver's license, auto registration number, ins. policy number, etc.).							
Witnesses:							
<b>MEDICAL CARE</b>	Was medical care administered? <input type="checkbox"/> yes <input type="checkbox"/> no			Attending physician (name)			
	Hospital/Medical Facility (name, address, phone)					Is Employee Hospitalized? <input type="checkbox"/> yes <input type="checkbox"/> no	
Treatment (describe and state whether further treatment is required)							
<b>AUTHORIZED SIGNATURE</b>	Date	Supervisor's Signature			Title		
	Employee's Signature Refusing Treatment	Date	<b>In the event of death or serious injury/illness, call 911 &amp; the Pastoral Center immediately (509) 965-7117</b>				

( S E E R E V E R S E S I D E )

