

Report of Client Illness or Injury Form

Instructions: Employees shall use this form to report all injuries or illnesses events *no matter how minor*. This form shall be completed by employees as soon as possible and given to a the hospital manager or human resources for further action.

I am reporting a client: <input type="checkbox"/> Injury <input type="checkbox"/> Illness	
Your Name:	
Job title:	
Supervisor:	
Date of incident:	Time of incident:
Client Information (name, phone number, client ID):	
Names of witnesses (if any):	
Where, exactly, did it happen?	
What was the client doing at the time?	
Describe step by step what led up to the incident. (continue on the back if necessary):	
Is there anything we could have done to prevent this incident?	
What part(s) of their body was injured?	
Did we call 911? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was client transported off site? If so, how?	
Date:	Time:
Employee Name:	
Your signature:	Date: