

Notice of Accidental Injury or Occupational Disease
SAU 70, 45 Lyme Road, Hanover NH 03755

School District: _____ State of: _____

Name of Injured Employee _____ DOB _____ Age _____

Address of Injured Employee _____ City/State /Zip _____

SSN: _____ Telephone Number: _____ (____) _____

(Describe fully how accident occurred and describe what you were doing when injured)

Date of Injury: _____ Time of Injury time: _____
Date Supervisor/Employer was notified: _____

Location/Jobsite where accident occurred: _____

Did you lose any time from work: Yes/No If, yes from _____ to _____
(date) (date)

Name of witness(es): _____ Part(s) of body injured: _____

Initial Treatment: (check those that apply)

- No medical treatment: _____
- Care provided by Employer (ie School Nurse): _____
- Emergency care: _____
- Hospitalized: _____
- Other treatment: (Outpatient): _____ (clinic): _____ (office visit): _____

(Other-explain): _____

Name of treating physician (if applicable): _____

Name of treating hospital (if applicable): _____

Today's date: _____

Employer's Signature _____ Date: _____

Employee's Signature _____ Date: _____