

APPALACHIA INTERMEDIATE UNIT 8  
4500 6TH AVENUE, ALTOONA, PA 16602

**EMPLOYEE'S REPORT OF OCCUPATIONAL INJURY OR DISEASE**

<b>1</b> Date of Report:	<b>2</b> Date of Injury and Time: AM PM	<b>3</b> Normal Starting Time: AM PM	<b>4</b> Have you Returned to Work? Yes: No: If yes: Date:
<b>5</b> Date Employer Knew of Injury:	<b>6</b> Date Disability Began:	<b>7</b> Date of Last Full Day Paid:	
<b>8</b> Employee's Name: First Middle Last	<b>9</b> Male: Female:	<b>10</b> Employee's Telephone Number:	
<b>11</b> Address: Street: City and Zip: County:	<b>12</b> Married: Yes: No:	<b>13</b> Number of Children Under 18:	
<b>14</b> Date of Birth:	<b>15</b> Age:	<b>16</b> If Under 16, Certificate #:	<b>17</b> Occupation for Which Issued:
<b>18</b> Occupation:	<b>19</b> Program Employed Under & Assigned Location:	<b>20</b> How Long Employed:	
<b>21</b> Place of Injury: Employer's Premises: Yes: No:	<b>22</b> If No, Exact Location: Street: City: County: State:		
<b>23</b> What were you doing when injured? <i>(Be Specific)</i>			
<b>24</b> How did the injury occur? <i>(Be Specific)</i>			
<b>25</b> Nature and location of injury or disease: <i>(Be Specific)</i>			
<b>26</b> Attending physician and Address: <i>(If Hospital, Indicate)</i>			
<b>27</b> Suggestions to prevent reoccurrence:			

**Directions:**

- Call (814) 940-0223 to report injury
- Complete this form within 24 hours and return to:  
4500 6th Avenue, Altoona, PA 16602
- Please print or type all information

E-Mail Address

Signature of Injured Employee

Date

Social Security Number