



## Union County Educational Services Commission

### Employee Accident & Incident Report

#### THIS SECTION TO BE COMPLETED BY EMPLOYEE

Employee's Name

School/Program

Last

First

Address

Date of accident

Exact location of accident

Time of accident

Witnesses

Please provide details of accident.

#### THIS SECTION TO BE COMPLETED BY NURSE

Date accident reported to the school's nurse

Nature and extent of injury

Was first aid given? If yes, please detail.

Date Medlogix notified at 800 293-9795 ext. 1

Was doctor or dentist consulted? If yes, please provide name and address.

Signature of Nurse

Date

Signature of Principal/Director

Date