

Were you injured? (circle one) Yes, please complete Employee Report of Injury No

How were you injured? _____

What/Where is your injury? _____

Did you seek medical attention? (circle one) Yes No

Was someone else injured? (circle one) Yes No

Who was injured?	What/Where is the injury?	Did they seek medical attention?

Other information:

Signatures

Bus Driver's Signature: _____

Date: _____

Transportation Manager Signature: _____

Date: _____

Head of Facilities Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

*****ORIGINAL FORM MUST BE FILED IN THE BUSINSS OFFICE*****