



Syracuse City School District
 725 Harrison Street
 Syracuse, NY 13210-2374
 Case No. _____

Employee Injury and Illness Report
Preliminary Statement

Social Security ID #	Name (Last) (First) (MI)	Sex (M or F)	Marital Status (M, S, D, W)
Home Address	City	State	Zip
Occupation	Work Status Part or Full time	Hrs./Day	Days/Week
Dept.	Immediate Supervisor	Employee Home #	
Injured Parts	School Building Where Accident Occurred (<i>Street, City, Zip Code</i>)		
Date of Injury or Illness: Month/Day/Year	Hour of Day: AM PM	Date Employer Advised: Month/Day/Year	
Is This a Recurrence of a Previous Injury or Illness: Yes _____ No _____	If "YES" Please Give Details		

Please answer the following questions: (Employee's Statement)

1. How did the accident occur? (Tell what happened and how it happened)

2. What were you doing when the accident occurred? (Include tools or equipment being used at the time of injury)

3. What was the object/substance that directly injured you?

4. Was medical care provided? Yes _____ No _____ If yes, please complete the following:

_____	_____	_____
<i>Doctor Name</i>	<i>School Nurse's Name</i>	<i>Emergency Room Location</i>

Witnesses (If none, state "None")	
Name	Title
Name	Title

_____ *Employee Signature* _____ *Date*

"Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, self-insurer or purported insurer, or any agent thereof, any written statement as part of or in support of a claim for benefits, containing any false, incomplete or misleading information, commits a fraudulent insurance act."

