

Non-Work Related Injury or Illness Report

When to Use this Form

1. To report any non-work related injury or illness that will affect the ability of an employee to complete their duties in a safe and efficient way.
2. If the injury or illness will impact on the workplace and create an unsafe workplace environment.
3. This form should be completed by the person involved where possible and assistance given by the ASM.
4. The ASM should complete the form if the person involved is not available to do so.

Details of Person and Injury or illness			
Title	Surname	Given Name	Host / Workplace
Address		Home Ph.	Mobile Ph. E-mail
Position / Trade	ASM	Place & Time of injury / illness	
Describe the injury / illness			
What caused this injury / illness?			
Is this injury / illness likely to re-occur?			
Has this injury / illness occurred before? (If yes, provide details including when & how)			
How does this injury / illness affect your ability to do your job?			
Does any task you do at your job affect your health because of this injury / illness?			
Do you need to return to your Doctor for a review or visit a specialist? (If yes, when?)			
Part of body affected, eg. Arm: <input type="radio"/> Left <input type="radio"/> Right		Name of diagnosed illness or description of injury	
Treatment Provided: <input type="radio"/> First Aider <input type="radio"/> Doctor <input type="radio"/> Paramedical Services <input type="radio"/> Hospital <input type="radio"/> Ambulance <input type="radio"/> None <input type="radio"/> Physio <input type="radio"/> Chiropractor <input type="radio"/> Other _____ Name of treatment provider _____ Phone _____			
Time off (Actual or expected) _____ /days	Signed by (person or ASM)		Date / /