

# GeminiCares, Inc. Employee Accident / Injury Report

Employee Name: \_\_\_\_\_

County: \_\_\_\_\_

**Accident/Injury Information:**

Employee Address: \_\_\_\_\_  
\_\_\_\_\_

Male \_\_\_ Female \_\_\_      Date of Birth: \_\_\_\_\_      Hire Date: \_\_\_\_\_

Where did the accident/injury occur (for example, Client's home) \_\_\_\_\_  
\_\_\_\_\_

Accident/Injury date: \_\_\_\_\_ Time: \_\_\_\_\_ PM/AM

Date employee reported accident/injury to Supervisor: \_\_\_\_\_

Did employee immediately return to work?    \_\_\_ Yes    \_\_\_ No

If no, estimated date employee will return to work: \_\_\_\_\_

**Injury Description:** (Describe activities of employee when injury occurred and if any objects, tools, chemicals, machinery, etc. were involved):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What happened to cause this injury?** (Describe how the injury occurred): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What was the injury or illness?** (State the part of body affected and how it was affected): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Treatment Information:**

Was medical treatment sought?    \_\_\_ Yes    \_\_\_ No

If yes, please provide name, address and telephone number of health care provider (please include clinic or hospital name): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was employee treated in an emergency room?    \_\_\_ Yes    \_\_\_ No  
Was employee hospitalized overnight as an in-patient?    \_\_\_ Yes    \_\_\_ No

**Employee Work schedule and wage information:**

Wage at time of Injury:

How Many Hours a week (Sunday – Saturday) does employee work a week:

<b>Employee Regular Work Schedule</b>			
<b>Hours/Rate of pay</b>	<b>Hours/Rate of pay</b>	<b>Hours/Rate of pay</b>	<b>Hours/Rate of pay</b>
<b>Sunday:</b>			
<b>Monday:</b>			
<b>Tuesday:</b>			
<b>Wednesday:</b>			
<b>Thursday:</b>			
<b>Friday:</b>			
<b>Saturday:</b>			

**This form was completed by:**

Name and Title:

Telephone Number: \_\_\_\_\_ Date Report Completed:

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax completed report to the Gemini Main Office immediately:**  
**EFax # 262-247-0835**  
**Or call 1-800-628-2334 to provide information verbally.**

**For Main Office Use Only**

OSHA Case Number from Log: \_\_\_\_\_ Date Reported to WC \_\_\_\_\_