Employees Statement

Company Name:				
Description of accident:				
Cause of accident:				
Action needed to prevent reoccurrence:				
I understand that the employer may recommend a doctor from the panel of the panel. In the event of an emergency I may have to go to the emergency treatment from a physician from the panel. I understand my rights.	y room, but once			
Signature:	Date:			
Supervisors Sta				
Description of Accident:				
When were you first notified by the employee that they were injured?				
Action needed to prevent reoccurrence:				
Did you explain to the employee their right to select a Panel Physician?	Yes 🗌	 No 🗀		
Did you give the employee a physician's authorization form?	Yes	No 🗀		
Did you or anyone accompany the employee to the physicians office?	Yes 🗀	No 🗔		
Signature:	Date			

Witness Statement 1:	Did you witness accident or do you have any information that may assist in the investigation of the claim? describe below:	Please
Witness Statement 2:	Did you witness the accident or do you have any information that may assist in the investigation of the cla Please describe below:	im?
Declaración de Testigo del reclamo? Favor de	o 1: ¿Fue usted testigo del accidente, o tiene usted cualquier información que pueda asistir en la investig describir adelante:	ación

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000 and one year in prison.

El intencionalmente hacer una declaración falsa con el propósito de obtener o denegar beneficios es un crimen sujeto a multas hasta un máximo de \$10,000 y con hasta un año de cárcel.