Employee Incident Report
Seeking Medical Treatment

On _____(date & time) today. I am reporting this incident to my supervisor. My supervisor has advised me of my rights to seek medical treatment**.**

I understand that I have/ had the option to seek medical attention. I want to seek medical attention for this incident and understand that I will be subject to a post accident Drug Test. I understand if I fail the Drug Test my claim may be denied. The following is a brief description of what I was doing at the time, where the incident occurred and what part of my body was affected:

_____
_____
_____
_____
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_____

_____
_____

_____
_____

I am reporting this incident according to the employee handbook: To report any accident or incident to my supervisor immediately.

Print name **Sign Name** **Date**

Please Fax to 407-897-6509 or Email form to phil@kymberlygroup.com