



## CIRMA Injury Reporting Information

Scan reports to Michelina Cevetillo at  
cevetm@danbury.k12.ct.us

**\*ALL INFORMATION MUST BE FILLED IN, NO**

**BLANKS\***

**Treatment Place (check one)**      **Urgent Care (circle one)**    or   **Search:**

<https://cirma.primehealthservices.com/search>

☐ Incident Only

AFC Urgent Care

Other Provider (list below)

☐ Urgent Care

☐ ER/Hospital

PhysicianOne Urgent Care

**\*\*\*IF YOU GO TO A DOCTOR, YOU MUST SEND US THE PAPERWORK FROM YOUR VISIT!!\*\*\***

### **Event Date/Time/Location**

Incident Date and Time: \_\_\_\_\_ Employer Notified On: \_\_\_\_\_

School/Location Name: \_\_\_\_\_ Address: \_\_\_\_\_

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Employee Information**

First & Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Employment**

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Employment Status: **FT / PT**

Time employee began work on day of injury: \_\_\_\_\_ Did employee miss work beyond normal shift? **YES / NO**

**Supervisor's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Supervisor Notice Date:** \_\_\_\_\_

Return to Work Date (If Any): \_\_\_\_\_ Video Footage of Incident Available? ☐ Y ☐ N

### **Incident**

Description of the Injury: \_\_\_\_\_

Injury Type: \_\_\_\_\_ Cause: \_\_\_\_\_ Body Part & Left or Right Side: \_\_\_\_\_

**Witness Information (If Any)**

Witness Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_