

## INJURY/ILLNESS ACCIDENT WORKSHEET



<p><b>Immediately upon notice of a work related incident on or off Harvard property while the employee is in the course of conducting University business, report the incident through PMA's 24/7 toll-free phone number - <a href="tel:1-888-476-2669">1-888-476-2669</a>.</b> This form can be utilized by managers to take the information from the injured worker. Please send any documents with medical information to Awilda Aponte, 65 Winthrop Street, Human Resources.</p>	
<p style="text-align: center;"><b>PMA Claim or Reference Number</b></p> <p>_____</p>	<p style="color: red; text-align: center;"><b>CALL EH&amp;S at (617) 495-5560 immediately if a work-related fatality, inpatient hospitalizations, amputation or losses of an eye.</b></p>
<b>CLAIMANT INFORMATION</b>	
Name:	HUID:
<b>INCIDENT INFORMATION</b>	
Accident Occurred on Harvard Premises:	Date Incident Reported:
Date of Incident:	Time of Incident:
Specific Location [Building/Room/Area] Where Injury/Illness Occurred:	
<p><b>Accident/Injury/Illness Description (50 character limit): Tell Us How the Injury/Illness Occurred.</b> <i>Examples "When ladder slipped on wet floor, worker fell 20 feet", "Worker developed soreness in wrist over time."</i></p>	
<p><b>What Were the Employee Doing Immediately Prior to the Injury/Illness?</b> <i>Describe the activity as well as the tools, equipment or materials the employee was using. Be Specific.</i></p>	
<p><b>What Object or Substance or Motion Directly Injured the Employee or Caused the Illness?</b> <i>Examples "Concrete floor", "Chlorine"</i> Choose an item.</p>	
<p><b>Did the Accident/Injury/Illness Involve a Needle or Device (e.g.: scalpel, broken glass, dental wire, etc.) That Was Potentially Contaminated With Blood or Other Potentially Infectious Material?</b> Choose an item.</p>	
Type of Injury/Illness:	Body Part:
Initial Medical Treatment: Choose an item.	
If Treatment Was Given Away From the Worksite, Where Was it Given?: <i>Facility, Street, City, State, Zip</i>	
<p><b>Could This Injury/Illness Result in HIV Infection?</b></p> <p><b>YES    NO</b></p>	<p>If Yes, seek confidential HIV blood testing at UHS or an approved laboratory within 5 calendar days of the incident. See Harvard's Work-Related HIV Benefit Plan.</p>

WITNESSES	
Name:	Title:
Email:	
Phone:	Alternate Phone:
<hr/>	
Name:	Title:
Email:	
Phone:	Alternate Phone:
CLIENT SPECIFIC FIELDS FOR WC	
Time Shift Started:	Time Shift Ended:
EE Lost More Than 4 Hours of Work:	How Many Hours Lost:
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Supervisor Name:	Supervisor Phone:
Title:	Date:
<p><b>WHEN CALLING IN A CLAIM PLEASE PROVIDE THE HR ACCIDENT REPORTING EMAIL ADDRESS TO PMA campus_services_accident_reporting@harvard.edu</b></p> <p><b><u>Campus Services Workers' Leaves of Absence Specialist</u></b></p> <p><b>Awilda Aponte 65 Winthrop Street Cambridge, MA 02138 Email: awilda_aponte@harvard.edu Tel: 617-496-5998 Fax: 617-496-8187</b></p>	