



North Shore-Long Island Jewish Health System

Employee Occurrence Report

Facility: Manhasset Glen Cove Plainview Forest Hills Syosset CECR
 LIJ Schneider Hillside Franklin Other: _____

Date of Occurrence:	Time of Occurrence:	Location:	Claim # :
Employee Name: _____		Dept: _____	
Address: _____		Job Title: _____	
SS# _____	DOB: _____	Hire Date: _____	Male <input type="radio"/> Female <input type="radio"/>
Home Phone: _____	Work Phone: _____	Shift: _____	
Description of Occurrence: _____ _____ _____ _____ _____			
Body Part: Left <input type="radio"/> Right <input type="radio"/> _____			
Witnesses:			
Name: _____	Dept: _____	Ext: _____	
Name: _____	Dept: _____	Ext: _____	
Employee Signature: _____		Date: _____	
Supervisor Name (Print): _____		Phone: _____	
Supervisor Signature: _____		Date: _____	
<input type="radio"/> Emergency Room <input type="radio"/> Employee Health		M.D. Evaluation / Treatment: _____	
Disposition:			
<input type="radio"/> Not Disabled (Returned to Work)		<input type="radio"/> Refused Medical Treatment	
<input type="radio"/> Disabled from Work _____ Days		Referred to _____	
<input type="radio"/> Admitted to Hospital			
M.D. Signature: _____		Date: _____	
M.D. Printed Name: _____			

Entire form **MUST** be fully completed and faxed to the number listed below within 24 hours of occurrence.

Forest Hills: 718-830-4938

Syosset: 516-496-6561

All Others: 516-465-8042