FORM STD-28

Employee's Reporting Notification of Injury

Instructions: It is mandated for an employee to notify the employer within 30-days whenever an injury or death occurs at work. To report an injury, the employee must complete this form and submit to the employer within 30-days from the date of injury. A copy must also be provided to the Commission and the employer's insurance carrier. *** This form is not used for filing a claim ***

	1. Date of this Report:	2. Type of Event: ☐ Injury | Disability | ☐ Fatality (Death)	3. Time of Injury:	☐ AM ☐ PM	4. Date of Injury:
EMPLOYEE	5. Name of Injured Employee: (First, Middle, Last):	6. Social Security No.:		7. Age:	8. Date of Birth:
	9. Sex: ☐ Male | ☐ Female	10. Occupation:	11. Nationality:		12. Marital Status: ☐ Married | ☐ Not Married
	13. Employee's Mailing Address:		14. Contact Information Telephone No.: Email Address:		
	15. Name of Employer:	16. Name of Supervisor at time of Injury:			
ACCIDENT & EXPOSURE	17. Specify the location where employee injury or death occurred: ☐ Place of Employment | ☐ Other (specify):				
	18. Specify the actual or specific part(s) of the body injured:				
	19. Describe how the injury or death occurred and what caused such injury:				
	20. Date of First Visit to Hospital:	21. Have all medical treatments completed? ☐ Yes | ☐ No (On-going)	22. Name of the Medical Treating Physician:		
	23. Name of Petitioner or Person Preparing & Signing this Form on Behalf of Employee:		24. Petitioner's Relationship to the Employee:		

25. Authorization:

(Sign Here): _____

Authorized Signature of Employee

FORM DISTRIBUTION: Original – Employee | Copy – Employer | Copy – Carrier | Copy – Commission