



SNOHOMISH COUNTY FIRE DISTRICT 26
"VOLUNTEERING TO MAKE A DIFFERENCE"



Follow Up Injury Report Form

Name: _____ Date: ___ / ___ / ___

Position: _____

Exact Time of Incident: _____ Date of Incident: ___ / ___ / ___

Location where Incident occurred: _____

Summarize follow up actions taken: _____

Indicate if this was an original injury or a reinjury: _____

If reinjury, when and where was previous injury?: _____

Who was employer: _____ Claim #: _____

Date and Time you sought medical attention (for follow up): _____

Whom did you see: _____ Office/Hospital: _____

What is the treatment plan suggested by physician?: _____

Has a leave of absence been requested?: _____ Time frame requested: _____

Additional comments regarding follow up plan: _____

Firefighter's Signature _____ Date: ___ / ___ / ___

This form is to be returned to the Safety Officer

Signature of person receiving report _____ Date: ___ / ___ / ___

Safety Officer Signature _____ Date: ___ / ___ / ___