



ACCIDENT & INJURY REPORT

Name of Injured: _____ Date of Incident: _____

Time of Incident: _____ Room / Location of Incident: _____

Nature & Location of Injury on Body: _____

Thoroughly describe the nature of incident (is additional info is written on the back of this sheet? Yes / No):

List first aid or any care administered following the incident:

NOTE: IF INJURY IS TO A PCC EMPLOYEE, PLEASE FILL OUT PANEL OF PHYSICIANS FORM ON BACK OF SHEET

Name of Preparer: _____ Position / Title: _____

Signature of Preparer: _____ Date of Report: _____

(if applicable) Witness Name: _____ Witness Signature: _____

(if applicable) Name(s) of Parent / Guardian: _____

(if applicable) Signature(s) of Parent / Guardian: _____

SECTION APPLICABLE TO INJURY TO MINORS / PROTECTED PERSONS ONLY		
(circle) Yes / No	Parent / Guardian Notified	Time Notified:
(circle) Yes / No	Minor / Protected Person Removed by Parent	Time of Removal:
(circle) Yes / No	Minor / Protected Person Remained in PCC Care	
(circle) Yes / No	KidzMin or PSM Senior Staff Member Notified	Time Notified:
Teacher/Leader Name:		Teacher/Leader Signature:

FOLLOW-UP TO BE COMPLETED BY PCC STAFF
List any calls or contact to follow up with this incident including date & time.

GIVE COPY OF FORM TO THE INJURED AND PLACE ORIGINAL IN THE BUSINESS ADMINISTRATOR'S MAILBOX

PANEL OF PHYSICIANS FORM (PCC EMPLOYEES ONLY)

Section 65.2-603 of the *Virginia Workers' Compensation Act* requires employers to provide a panel of at least three physicians. You must select a physician from this panel to treat your work-related injury. If you do not use one of these physicians for your work-related injury, you may be responsible for the cost of medical care and you may jeopardize your entitlement to workers' compensation benefits as outlined in the Act.

Please select a physician from this panel and complete the form:

Physician #1: Concentra Urgent Care

803 Diligence Dr, Newport News, VA 23606 (757) 223-7934

Physician #2: Sentara Urgent Care (*formerly Velocity Urgent Care*)

747 J Clyde Morris Blvd. Newport News, VA 23601 (757) 772-6121

Physician #3: Mary Immaculate Hospital ER 2

Bernardine Dr, Newport News, VA 23602 (757) 886-6000

I have been presented with a panel of at least three physicians and have selected **Physician #**____ to provide me with medical care for my work-related injury.

Employee's Signature: _____

Employee Printed Name: _____

Date: _____ Date of Injury: _____

Employer Name: Peninsula Community Chapel

FURTHER NOTES (IF OUT OF ROOM ON FRONT PAGE):