



Employee Incident Form

Employee's Full Name _____

Social Security Number _____

Address _____

Telephone Number _____

Date of Birth _____

Marital Status _____ Number of Dependents _____

Start Date _____ Store Number _____

Job Title _____ Rate _____

Hours worked per week _____

Date and Time of incident _____

Start of shift (on day of injury) _____

Time missed _____

Witness _____ Witness Phone # _____

Are they seeking treatment? _____ If yes, where are they to seek treatment?: _____

Description of Incident _____

Employee Incident Treatment Notice

If you need to seek medical treatment you must have prior authorization from your manager and you must go to _____, as specified by your manager. If you seek treatment without prior authorization or go elsewhere, it will be unauthorized and Essig & Associates, Inc. (dba McDonald's), will not be responsible for any expenses relating to the unauthorized visit(s). This form is for information purposes only and does not provide treatment authorization. You must still receive prior permission from your manager if treatment is needed.

Manager Name: _____

Manager Signature: _____ Date: _____

Employee Name: _____

Employee Signature: _____ Date: _____

This information needs to be faxed to Essig & Associates Inc. as soon as the incident occurs. All information must be completed to file a report. This is a State of Missouri Requirement. No report can be filed unless complete.