

Please use only a BLACK pen when filling out the injury report.



MASSACHUSETTS EDUCATION & GOVERNMENT ASSOCIATION

WORKERS' COMPENSATION GROUP, LLC

REPORT INJURY WITHIN 24 HOURS

Employer (check one) _____ Town of Natick _____ School Department Employee ID # _____ MEGA Loc. # **X34**

Employee's Name _____ DOB _____ Date of Hire _____

Address _____ City/Town _____

State _____ Zip Code _____ Last 4 Social Security # _____ Home Phone _____ Cell Phone _____

Email _____ Department _____ School Name _____

Location of Injury _____ Job Title _____ Rate of Pay \$ _____

Date of Incident _____ Time _____ Type of Injury (strain, laceration, etc.) _____

Body Part _____ Describe what happened _____

Name of Witness (es) _____ Job Title _____

To whom was accident/incident reported to? _____ Date Reported _____

Was medical attention sought? Yes _____ No _____ If so, where? _____

Information Release

I hereby authorize Massachusetts Education and Government Association Property & Casualty Group, Inc. (MEGA), or any of its representatives to be furnished any information and facts regarding medical services rendered to me by any medical provider, including reports/records, results of diagnosis, treatment and prognosis, estimates of disability and recommendations for further treatment. This information is to be used for the purpose of evaluating and handling my claim for injury as a result of an incident occurring on or about the above indicated date of injury and for no other purpose, now or in the future.

Employee Signature _____ Date _____

Department Head/Principal Name (PRINT) _____ Comments _____

Department Head/Principal Signature _____ Date _____

**Please submit the completed form to:
Angela Cataldo, Human Resources Department, Town Hall
13 East Central St. Natick, MA 01760
(p) 508-647-6469 (f) 508-647-6401
acataldo@natickma.org**

*You can always find the latest version of the injury report on the Town's Human Resources website or at the link below. This form is a pdf fillable document.

<http://natickma.gov/DocumentCenter/Home/View/1957>