



All teachers are requested to complete this form if injured at work. This report will serve as a record of the incident and may serve as background information if an application for “Leave for Injury on Duty” is made in compliance with Article 26 of the Teachers’ Provincial Agreement. An SIP “Incident Report Form” is also to be completed.

Please note this form is confidential once completed.

1. Name of Teacher: _____

2. Home Address: _____

3. Phone Number: (Home) _____
(Other) _____

4. Professional Number: _____

5. Home School: _____

6. Teaching Assignment: _____

7. Date of Injury: _____

8. Time of Injury: _____

9. Place Where Injury Occurred: a. worksite _____
b. specific location _____

10. Names of Others Present at Time of Injury: _____

11. Date an SIP School Incident Report was completed: _____

12. Did you require immediate medical attention beyond first aid? Yes No

13. If yes, were you required to be transported by ambulance? Yes No

14. Did you receive medical attention, beyond first aid relating to the accident? Yes No

If yes, then:

by whom? _____

where? _____

when? _____

15. Name of your medical physician: _____



16. Nature of injuries sustained:

17. Briefly describe in your own words, how this injury occurred. (Please use additional page if necessary.):

Teacher's Signature

Date

Immediate Supervisor's Signature

Date

**This original, signed form must be submitted to:
Employee Benefits Officer
Annapolis Valley Regional Centre for Education
Fax: 902-538-4635**