

PMA Claim Number: _____

Employee ID #: _____

Newport News Public Schools

REPORT OF OCCUPATIONAL INJURIES AND OCCUPATIONAL ILLNESSES

PHONE: (757)-881-5061, FAX: (804) 622-3561 • 12507 WARWICK BOULEVARD • NEWPORT NEWS, VIRGINIA 23606

Employee Name _____ Social Security #: _____

Address _____

City _____ Zip _____ Home Phone _____

Date of Birth _____ Department/School _____

Occupation when injured _____ Was this your regular occupation? () Yes () No

Date of Injury _____ Time of Injury _____ (A.M.) _____ (P.M.)

Time Employee Began Work _____ (A.M.) _____ (P.M.)

LOCATION WHERE INJURY TOOK PLACE _____

What were you doing just before this incident occurred? (Describe the activity, as well as the tools, equipment, or material you were using. Be specific.)

What happened? (Tell how the injury occurred.)

What was the injury or illness? (What part of the body was affected and how it was affected; be more specific than "hurt"; "pain"; or "sore".)

What object or substance directly harmed you? _____

Have you returned to work? () Yes () No

Name(s) of witness(es): _____

*As allowed by Section 65.2-604 of the Virginia Workers' Compensation Act one of the following physicians **MUST BE SELECTED** for your injury or illness. Failure to choose one of the physicians from this panel can result in a suspension of medical and lost wage benefits.*

I&O Medical Center

Dr. Michael Baddar
593 Aberdeen Road
Hampton, VA 23661
Mon-Fri 7:30 a.m. – 7:30 p.m.
Sat & Sun 9:00 a.m. - 2:30 p.m.
Phone: (757) 825-1100

Dr. Michael Baddar
704 Thimble Shoals Blvd.
Suite 200
Newport News, VA 23606
Mon-Fri 8:00 a.m. - 4:30 p.m.
Phone: (757) 240-5580

Dr. Roxanne Dietzler
732 Thimble Shoals Blvd.
Suite 102
Newport News, VA 23606
Mon-Fri 7:00 a.m. - 3:30p.m.
Phone: (757) 599-3623

Mary Immaculate OccuMed Center

Dr. Krishna Padiyar
14703 Warwick Blvd.
Suite A
Newport News, VA 23608
Mon-Fri 8:00 a.m. - 4:30 p.m.
Phone: (757) 886-6633

I choose Dr./facility _____ for treatment of this injury and verify the information I have provided is true and correct.

Employee's Signature Date

SUPERVISOR

The employee reported this injury to me on (Date) _____.

He/she was (check one):

- () Employee is not seeking medical treatment at this time.
- () Instructed to see the treating physician selected by employee.
- () Employee taken to the following emergency room _____

Supervisor's Signature Date

The Newport News School Division does not discriminate on the basis of race, color, national origin, sex, creed, marital status, age, or disability in its programs, activities, or employment practices as required by Title VI, Title VII, Title IV, Section 504, and ADA regulations. The Director of Human Resources is responsible for coordinating the division's efforts to meet its obligation under Section 504, Title IX and the ADA, and their implementing regulations.

THIS REPORT MUST BE ELECTRONICALLY ENTERED IMMEDIATELY FOLLOWING AN ALLEGED INJURY.

