



Senior Service America, Inc.
 8403 Colesville Road, Suite 1200 • Silver Spring, Maryland 20910
 (301) 578-8900 FAX: (301) 578-8895
 Senior Environmental Employment (SEE) Program



**SEE Enrollee's
 Notice of Accidental Injury or Occupational Disease**

TO SEE ENROLLEE: You must fill out this report immediately after you become aware of an accident, injury or occupational disease and its relationship to your assignment. Within 24 hours of the incident, fax a copy of this report to the SSAI/SEE Program at 301-578-8895.

Date of this report: _____ Male Female

Enrollee Name: _____
(Please print legibly)

Enrollee Home Address City State Zip Telephone #

EPA Worksite Name: _____

Worksite Street Address City State Zip Telephone #

Date of Injury: _____ Time of Injury: _____ Return To Work: _____

Department/Location where injury occurred: _____

Brief description of injury (attach additional sheets if needed): _____

This is to notify SSAI/SEE Program that while enrolled in the SEE Program, I sustained an:

Check one: Injury Occupational Disease

Caused by: _____

Treating physician's name, address and phone number: _____

Initial Treatment: No Medical Treatment Minor by Employer Minor Clinic/Hosp
 Emergency Care Hospitalized - 24 hrs Future Major Medical/Lost Time Anticipated

Monitor's Name: _____ Telephone: _____

Email: _____

The above information is true and correct to the best of my knowledge, information and belief.

Signature of Enrollee