



Sarasota Bay Club

First Report of Injury or Illness

SARASOTA BAY CLUB, 1301 North Tamiami Trail, Sarasota, FL 34236
Contact: Jonathan Litchfield,, HR Director, Tel: (941) 552-3262 Fax: (941) 363-9487

Complete all parts of this form with the injured employee.

Call AmTrust at 888-239-3909 to report the injury/ Policy # TWC4364672 Roskamp & Patterson Management

Employee Name: _____ Title: _____

Home Address: _____

Telephone/Cell: _____

Date of Birth: _____ Soc.Sec.# _____ Male Female
 Married Single

Date of Hire: _____ Pay Rate : \$_____ (per hour or per year) Full Time Part Time

Date of Accident: (Month/Day/Year): _____ Time of Accident: ____ a.m. ____ p.m.

Time Employee Began Shift: ____ a.m. ____ p.m.

Date Accident was reported: _____ Location of Accident : _____

Employee’s Description of Accident – What Happened?

Part of Body Affected? _____

Who witnessed the accident? _____

Employee’s work schedule: Days: _____ Hours: _____ Other: _____

Last date employee worked: _____ Did employee return to work? Yes No

If YES date and time employee returned to work: _____

Medical Treatment/DrugTest is ALWAYS authorized by the EMPLOYER

- Employee REFUSED Medical Treatment Drug test done at SBC (when medical treatment is refused)
- First aid provided by medical personnel at SBC; Drug test completed at SBC.
- Employee ACCEPTED Medical Treatment at:
 - Concentra/Sarasota Concentra/Bradenton Urgent Care Clinic Bradenton
 - Urgent Care Clinic University Urgent Care Clinic Bee Ridge Urgent Care Clinic Stickney Point
 - Sarasota Memorial Hospital

Other Comments: _____

Person Completing Form (please print) _____ Ext: _____

Please advise operator that claims information should be faxed to Jon Litchfield, HR Director, Fax: (941) 363-9487

Any person who, knowingly, and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree. I have reviewed, understand and acknowledge the above statement.

Employee Signature: _____ Date: _____