Accident Report

Last name / First name: ..... Date of birth: .....

AHV no. (Swiss social security no.): .....

Address / Postcode: .....

Phone / Mobile: .....

Language / Nationality: ..... Permit: .....

Marital status: ..... Children / Number: .....

Professional status:

○ Qualified ○ Semi-skilled ○ Unskilled ○ Apprentice ○ Intern

Area of work:

○ Operations ○ Technical ○ Office ○ Sales

Occupation: .....

Workplace / Company name: .....

○ Non-occupational accident ○ Occupational accident ○ Minor accident
(Please tick as appropriate)

Date / Time of accident: .....

Work stopped as of (date): ..... Time: .....

Return to work: ○ Full ○ Partial ○ Not resumed
(Please tick as appropriate)

Date of return to work: ..... Time: .....

How the accident happened

.....

.....

.....

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Place of accident / Postcode: .....

Part of body injured: .....

Type of injury: ○ Bruise ○ Crush injury ○ Cut ○ **Other:** .....

○ Right ○ Left ○ Unspecified **(please tick)**

Doctor (name / address): .....

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