

DECLARATION OF NO INJURIES

Upon starting my employment, I signed a letter of understanding that any and all injuries are to be reported immediately to my supervisor or [work comp coordinator]. I also agreed that as soon as reasonably possible, but no later than 24 hours after an incident, I am required to complete an Injury Report form.

If I was injured on the job during the below time period I have already notified my supervisor or [work comp coordinator], and filled out the appropriate papers. By signing this statement I am confirming that from _____ to today's date, I have not sustained an unreported injury while in the course and employment of the company.

I declare the above to be true and correct pursuant to the penalty of perjury of the laws of the State of _____.

Employee Signature

Date / /

Employee Name (please print)