

# DECLARATION OF NO INJURIES

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I understood that any and all injuries are to be reported immediately to my supervisor or [work comp coordinator]. I understood that as soon as reasonably possible I was 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)