**No Injury Declaration**

*Instructions: Use this form on a regular basis or after a project to assure there are no malingering or unreported claims. Many employers have it printed on timesheets and use at the end of a shift or payperiod.*

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)