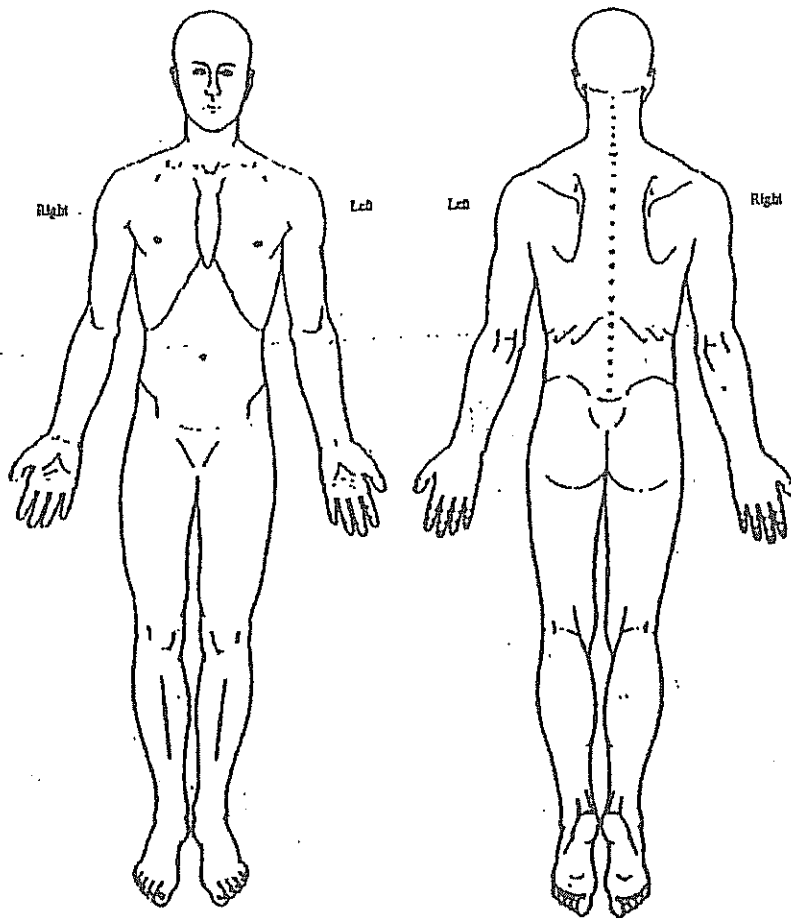


**EMPLOYEE INJURY REPORT FORM**  
(Must be completed by the injured Employee)



1. What is the date of your injury? \_\_\_\_\_
2. What is the first date you knew the injury was related to your employment? \_\_\_\_\_
3. On what date did you report the injury to your supervisor? \_\_\_\_\_
4. What part of your body was injured? \_\_\_\_\_  
Circle the part of your body that was injured on the drawing above.
5. How were you injured? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever injured this part of your body before? \_\_\_\_\_
7. Have you ever been injured on the job before? \_\_\_\_\_  
When? \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

It is a crime in Texas to file a false Workers Compensation claim. Penalties may include a fine and jail time or both. Suspected fraudulent claims are reported to and will be investigated by the Division of Workers Compensation.