



Employee's Account of Injury/Illness Form
This form should be used for reporting occupational injuries or illnesses

Employee Name: _____ Occupation: _____

Date of Birth: _____ Campus/Department: _____

Home address: _____

Home Phone Number: _____ Work Phone Number: _____

1) On or around what date and time did this injury occur? _____

2) Location of the accident/incident: _____

3) Describe injury/illness and the part of the body affected: _____

4) Describe in detail the full circumstances (including cause) of the injury/illness (i.e., walking down stairs, lifting something, struck by something, was this repetitive injury, etc.): _____

5) Names and phone numbers of witnesses, if any:

a) _____

b) _____

c) _____

6) What symptoms are you experiencing due to this injury/illness: _____

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- 7) Were the actions part of:
 Your normal job duties _____
 Other (please explain) _____
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- 8) List any objects or materials that may have directly contributed to this injury: _____
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- 9) Have you ever had a problem with this part of your body before this injury? _____
 If so, when? _____
- 10) Have you ever injured this part of your body while participating in any sport or recreational activity?

 If so, what sport or activity? _____
 Describe the incident and the injury: _____
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- 11) List all physicians you have seen, at any time in the past, for any problem with this part of your body:

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- 12) What non-work related activities increase the symptoms or are limited by symptoms: _____
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- 13) Did you report the incident to your manager? _____ Date reported: _____
 Name & telephone number of Manager: _____
- 14) ***For repetitive motion type injuries only.*** Why did you report this incident today instead of yesterday?

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- 15) Employment Status: __Regular FT __Part Time __TER
- 16) Work Schedule (Indicate hours worked for each day of the week):
 Sun__M__T__W__Th__F__Sat__ Wage: _____ per_____

 Employee Signature

 Date