



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: _____ E-mail: _____

Home address: _____ Banner ID: _____

Home/Cell 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: _____

7) Were the actions part of:
Your normal job duties _____
Other (please explain) _____

8) List any objects or materials that may have directly contributed to this injury: _____

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: _____

11) List all physicians you have seen, at any time in the past, for any problem with this part of your body:

12) What non-work related activities increase the symptoms or are limited by symptoms:

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?

15) Employment Status: Regular FT Part Time Hourly

16) Work Schedule (Fill in the number of hours worked for each day of the week):
Sun ___ M ___ T ___ W ___ Th ___ F ___ Sat ___ Wage: _____ per _____

Employee Signature

Date