

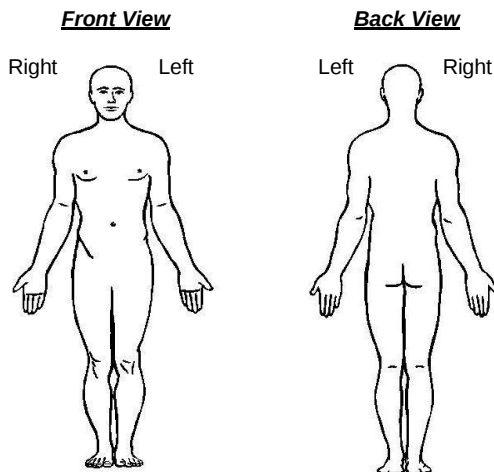
The University of Texas System
Employee's First Report of Work-Related Injury or Endemic Illness

Employee Information	
Injured Employee's Name: _____ Male () Female () Date of Birth: ____/____/____	
Home/Cell Phone: (____) _____ Work Phone: (____) _____ Preferred Language: _____	
Personal Email Address: _____ Work Email Address: _____	
Home Address: _____ City: _____ State: _____ Zip: _____	
Married () Single () Widowed () Spouse's Name: _____ () NA Number of dependent children? _____	
Employing Institution: _____ Job Title: _____ Full Time () / Part Time ()	
Department: _____ State/Country of Hire: _____ Country of Citizenship: _____	

Incident Information
City/Country/Location where occurrence happened (Please be specific) _____
Address/Description of location where occurrence happened (Please be specific) _____
Date of occurrence: _____ Time of occurrence: _____ () AM () PM Did you notify your supervisor? () Yes () No
Date Supervisor Notified: _____ Time _____ () AM () PM Name of Supervisor: _____
Were there any witnesses? () Yes () No Witness Name _____ Phone: (____) _____
Did you seek medical treatment for this occurrence? () Yes () No If Yes, List name and address of hospital / physician below: _____
Were days lost from work due to occurrence(not including injury date)? () Yes () No Have you returned to work*? () Yes () No
Date Returned to work*: ____/____/____ Trip Purpose/Work Performed: _____
*Return to work could include duties at UT institution as well as those assigned while abroad.

Please mark the areas of the body picture below that reflect where you were injured and check the appropriate boxes to the left.

- () Back
- () Head
- () Face
- () Neck
- () Shoulder
- () Arm
- () Wrist
- () Hand
- () Finger(s)
- () Chest
- () Abdomen
- () Ribs
- () Hips
- () Buttocks
- () Thigh
- () Knee
- () Leg
- () Ankle
- () Foot
- () Other



Describe in detail the nature of your injury or endemic illness and how it happened (if more space needed, write on back of sheet)

The above statement is true and accurate to the best of my knowledge. I confirm that the occurrence described above happened while I was performing my essential job duties that were assigned to me by The University of Texas System Institution and my employing department.

Injured Employee's Signature	Date	Extension
Supervisor's Signature	Date	Extension

Please email the completed First Report of Injury to UT System at emataesquivel@utsystem.edu.