Work Injury Report

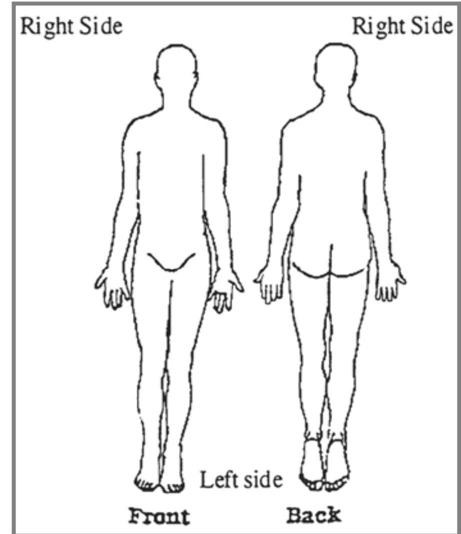
TEXAS CHRISTIAN UNIVERSITY
Return form to:

TCU Risk Management
Box 297110, Fort Worth, TX 76129
817-257-7778

DEPARTMENT INFORMATION

Department: ______________________ Supervisor: ________________________ Ext.: _________

EMPLOYEE INFORMATION



Name: ____________________ TCU ID: __ __ __ __ __ __ __ __ __

Home Address: ______________________________________

City: ______________________ Zip Code: __________

Home Phone: ______________ Cell Phone: ______________

To whom did the employee report their injury: ________________

Has the employee seen a doctor: __ yes __no

Do they want to see a doctor: __ yes __ no

Does the employee need assistance setting up a doctor' appointment: ___ yes ___ no

ACCIDENT INFORMATION

Date of accident: __________ Time of accident: ________ a.m. p.m.

Date accident was reported: ______ To whom was it reported: __________

How did the accident happen:

____

____

____

____

____

Location of the accident : ____

____

Describe the injury (circle the injured part on the body diagram): ____________________

FOLLOW-UP INFORMATION

Were there any witnesses: ___ yes ___ no

What actions have been taken to prevent a reoccurrence of the incident: ____________________

Was the employee taken to the hospital/clinic: ___yes ___ no Was the employee transported by ambulance: ___yes ___ no

Name of hospital/clinic: ____

SIGNATURES

Supervisor: ________________ Employee: ____________________ Date: _________

Texas Workers' Compensation law allows the investigation of each on-the-job accident, injury or illness. Representatives of the TCU Risk Management or the university insurance carrier may contact you, witnesses to the incident, or the injured employee as part of this investigation.

TCU does not have a company doctor. The choice of a treating physician is the employee's. The TCU Workers' Compensation Coordinator can, however, assist in making appointments for medical treatment. TCU has a Modified-Duty program for employees who suffer injuries during the course and scope of their employment. Return any job restrictions identified by the employee's treating physician to the TCU Workers' Compensation prior to returning to work.