



Work Injury Report

TEXAS CHRISTIAN UNIVERSITY

Return form to:

TCU Risk Management, Box 297110
Secret-Wible Bldg., Rm. 115
817-257-7778

DEPARTMENT INFORMATION

Department: _____ Supervisor: _____ Ext.: _____

EMPLOYEE INFORMATION

Name: _____ TCU ID: _____

Home Address: _____

City: _____ Zip Code: _____

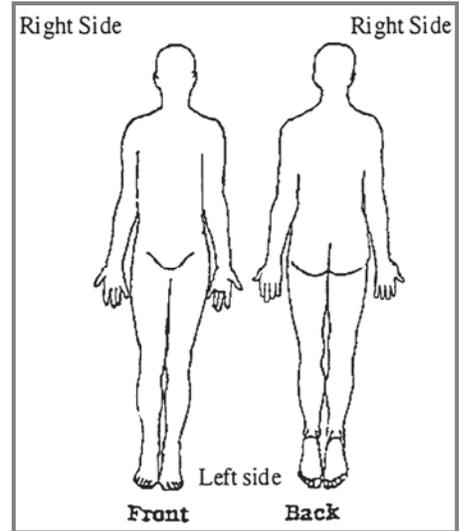
Home Phone: _____ Cell Phone: _____

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's 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.