



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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

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1) On or around what date did this injury/illness occur: \_\_\_\_\_

2) Location of the accident/incident: \_\_\_\_\_

3) Describe injury/illness and part of 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Continued on the next page**

- 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 supervisor? \_\_\_\_\_ Date reported: \_\_\_\_\_  
 Name & telephone no. of Supervisor: \_\_\_\_\_
- 14) ***For repetitive motion type injuries only.*** Why did you report this incident today instead of yesterday?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 15) Employment Status: \_\_\_Regular FT \_\_\_Part Time \_\_\_TER
- 16) Hours worked per week \_\_\_\_\_ Wages \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Home Phone Number

\_\_\_\_\_  
 Work Phone Number