



# 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.

