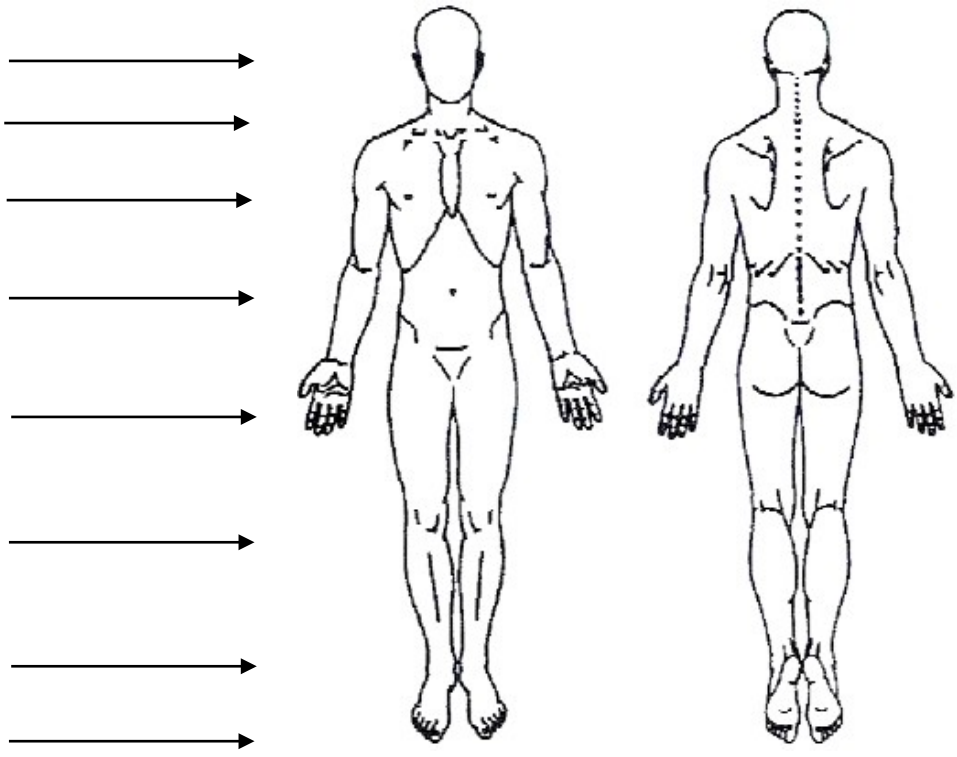
Employee Injury Report

Name: Date of Injury: **Time:**

Supervisor:

Specific location on campus:

NOTE ON ARROWS ALL AREA(S) OF INJURY OR SYMPTOMS. Ex. front left knee, inside right wrist (circle approximate injury site)



MAIN COMPLAINT	
☐	Sharp Pain
☐	Dull Ache
☐	Marked Swelling
☐	Bruise / Contusion
☐	Dislocation / Subluxation
☐	Obvious Fracture / Deformity
☐	Numbness / Tingling
☐	Immobile Joint / Appendage
☐	Respiratory Trouble
☐	Vision Trouble
☐	Dizziness / Nausea
☐	Gastrointestinal Trouble
☐	Heat Related
☐	Skin / Dermatological
☐	Possible Concussion
☐	Wound - Abrasion
☐	Wound- Laceration
☐	Other

Explain Injury Mechanism / Complaint:

Employee Signature **Report Date**