EMPLOYEE'S REPORT OF INJURY

We have received a report that you were injured in the course of your employment. To process your claim efficiently, please fill out all sections completely and print legibly. **Attach additional sheets if necessary.**

☐ I **plan** to seek medical treatment for this injury/illness. ☐ I **do not plan** to seek medical treatment at this time.

I. INJURED EMPLOYEE INFORMATION

Name:	**Social Security Number:**
Address:	**Date of Birth:** **Gender: M / F**
City: **State:**	**Date of Injury:** **Employee Number:**
Primary Phone Number:	**Department:**
Email Address:	**Job Title:**

II. INJURY INFORMATION

1. **Where did the injury occur? (Provide street address if possible.)**

2. **Briefly describe what caused the injury. Include what was happening at the time, what was occurring around you, and what others were doing.**

3. **What areas of your body were injured?**

4. **When and to whom did you report your injury?** Date: _____ Time: _____

   Name: _____ Title: _____ Phone Number: _____

5. **List all known witnesses. (Continue on back if necessary.)** Name: _____ ☐ N/A

   Name: _____ Name: _____ Name: _____

6. **List the names and phone numbers of all doctors or treatment providers you have seen for your injury:** ☐ N/A

   Name:_____ Phone: _____

   Name:_____ Phone: _____

7. **Has a doctor taken you off work?** _____ Yes _____ No ☐ N/A
   a. If yes, when was the first day of missed work? _____

8. **If a doctor took you off work, have you returned to work?** _____ Yes _____ No ☐ N/A
   a. If not, when do you expect to return to work? _____

9. **Date of Last Appointment:** _____ **9a. Date of Next Appointment:** _____ ☐ N/A

10. **Have you had any previous workers' compensation injuries?** _____ Yes _____ No
    a. If yes, please enter the dates of any injuries and the body parts injured. _____

By affixing my signature, I attest that all information on this form is accurate and true.

Signature: _____ **Date:** _____

Return this form via email to leave@brazoscountytx.gov.

Use this link to find a Workers Comp Provider: https://www.pswca.org/