

Wharton Independent School District

Employee's Report of Work Related Injury/Illness

Employee name	
Social Security Number	
Date of Birth	
Date of Hire	
Salary	
Employee address	
Employee Home Phone #	
Marital Status	Married () Single () Divorced () Separated ()
Number of Dependents	
Employee Job Title	
Campus/Department	
Date of Injury/Illness	
Time of Occurrence	
Type of Injury/Illness	
Part of Body Affected	
Date Employer Notified	
Specific Activity Engaged In	

Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill:	
Names of witnesses	

If you received medical treatment provide the following:

Name of Doctor	
Address of Doctor	
Date of Treatment	

Employee signature:

Date signed:

Return this form within seven (7) days of injury/illness to:

Randy Hill
WISD Education Support Center
2100 N. Fulton St.
Wharton, Tx 77488