Amarillo College Workers' Compensation
Employee Statement of Injury

Employee Name		SS #	
Date of Birth		Marital Status	
Address			
City	State	ZIP	Telephone #
Date of Injury		Time of Injury:	◯ AM ◯ PM
Name of company where you were working at the time of the injury:			
Description of accident (continue on back of page if necessary):			
Have you lost any time from work after the date of the injury? ☐ Yes ☐ No			
Specify lost dates/times:			
Was lifting involved in the injury? ☐ Yes ☐ No			
If yes, give approximate weight of the item(s) lifted:			
Was anyone assisting you? ☐ Yes ☐ No		Name of Person:	
If yes, explain:			
What was the nature of your injury (cut, bruise, strain, etc.)?			
What part of your body was injured (finger, knee, etc.)?			
Was there any equipment involved? ☐ Yes ☐ No			
If yes, describe:			
What could you have done to prevent the accident?			
Were you performing your normal job duties at the time of the injury? ☐ Yes ☐ No			
If no, explain:			
Was personal protective equipment (gloves, goggles, hardhat, etc.) required for this job? ☐ Yes ☐ No			
If yes, was the equipment provided? ☐ Yes ☐ No		Was it being used? ☐ Yes ☐ No	
Explain:			
Was the accident witnessed? ☐ Yes ☐ No			
List witnesses below:			
#1 Name		Telephone #	
#2 Name		Telephone #	
#3 Name		Telephone #	

The above is a true and correct account of the incident.

Signature of Employee _____ Date _____

**It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.*

E-mail the completed form to Amarillo College Human Resources – Employee Health at: employeehealth@actx.edu for processing.