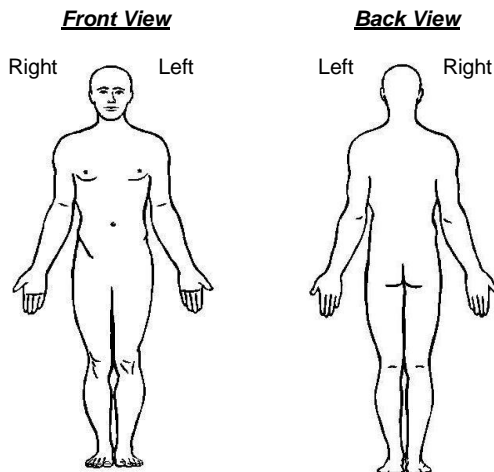


**The University of Texas System**  
**Employee's First Report of Work-Related Injury or Endemic Illness**

Employee Information	
Injured Employee's Name: _____ Male ( ) Female ( ) Date of Birth: ____/____/____	
Home/Cell Phone: (____) _____ Work Phone: (____) _____ Preferred Language: _____	
Personal Email Address: _____ Work Email Address: _____	
Home Address: _____ City: _____ State: _____ Zip: _____	
Married ( ) Single ( ) Widowed ( ) Spouse's Name: _____ ( ) NA Number of dependent children? _____	
Employing Institution: _____ Job Title: _____ Full Time ( ) / Part Time ( )	
Department: _____ State/Country of Hire: _____ Country of Citizenship: _____	
Incident Information	
City/Country/Location where occurrence happened (Please be specific) _____	
Address/Description of location where occurrence happened (Please be specific) _____	
Date of occurrence: _____ Time of occurrence: _____ ( ) AM ( ) PM Did you notify your supervisor? ( ) Yes ( ) No	
Date Supervisor Notified: _____ Time _____ ( ) AM ( ) PM Name of Supervisor: _____	
Were there any witnesses? ( ) Yes ( ) No Witness Name _____ Phone: (____) _____	
Did you seek medical treatment for this occurrence? ( ) Yes ( ) No If Yes, List name and address of hospital / physician below: _____ _____	
Were days lost from work due to occurrence(not including injury date)? ( ) Yes ( ) No Have you returned to work*? ( ) Yes ( ) No	
Date Returned to work*: ____/____/____ Trip Purpose/Work Performed: _____	
<small>*Return to work could include duties at UT institution as well as those assigned while abroad.</small>	

**Please mark the areas of the body picture below that reflect where you were injured and check the appropriate boxes to the left.**

- ( ) Back
- ( ) Head
- ( ) Face
- ( ) Neck
- ( ) Shoulder
- ( ) Arm
- ( ) Wrist
- ( ) Hand
- ( ) Finger(s)
- ( ) Chest
- ( ) Abdomen
- ( ) Ribs
- ( ) Hips
- ( ) Buttocks
- ( ) Thigh
- ( ) Knee
- ( ) Leg
- ( ) Ankle
- ( ) Foot
- ( ) Other



Describe in detail the nature of your injury or endemic illness and how it happened (if more space needed, write on back of sheet)

---

---

---

---

---

---

---

---

---

---

The above statement is true and accurate to the best of my knowledge. I confirm that the occurrence described above happened while I was performing my essential job duties that were assigned to me by The University of Texas System Institution and my employing department.

Injured Employee's Signature	Date	Extension
------------------------------	------	-----------

Supervisor's Signature	Date	Extension
------------------------	------	-----------

**Please email the completed First Report of Injury to UT System @ [Scastelo@utsystem](mailto:Scastelo@utsystem)  
 Claims will be sent to AIG @ [WorldRiskClaimsReporting@aig.com](mailto:WorldRiskClaimsReporting@aig.com).**

*Note: Injured employees may be asked to provide AIG with a passport or driver's license, proof of employment and related medical documentation/bills*