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: _____

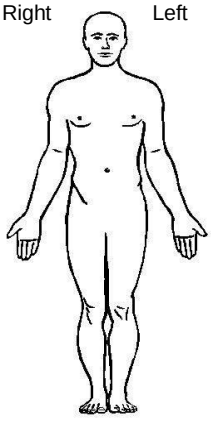
***Return to work could include duties at UT institution as well as those assigned while abroad.**

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

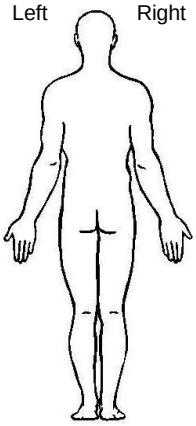
Front View

Right Left



Back View

Left Right



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 @ bholman@utsystem.edu.
Claims will be sent to Chubb @ ChubbClaimsFirstNotice@chubb.com
Note: Injured employees may be asked to provide Chubb with a passport or driver's license, proof of employment and related medical documentation/bills