BRIGHAM YOUNG UNIVERSITY
INJURED EMPLOYEE STATEMENT

If you completed an injured employee statement at the BYU Student Health Center Urgent Care, you do not need to fill this form out again.

Completion or acceptance of this form does not constitute any admission of liability by BYU.
Information from this form is critical for the processing of your workers' compensation claim.
Please complete and return this form to the Risk Management & Safety Department (RMSD) as soon as possible.
Email: incident_mgmt@byu.edu **or** In Person: RMSD, 795 N 500 E, Provo, UT 84602 **or** Fax: 801-422-0711.

Today's Date:	Employee Name:	Employee BYU ID Number:
Department:	Supervisor's Name:	Did you notify your supervisor? ☐ YES ☐ NO
Date of Injury:	Time of Injury (approximate): am/pm	Location of Employee at the Time of the Injury:
Describe the injury and part of body affected (example: cut to left ring finger):		Did you obtain medical treatment at the BYU Student Health Center Urgent Care? ☐ YES ☐ NO If no, did you obtain medical treatment somewhere else? ☐ YES ☐ NO If yes, where?
Describe how the injury happened:		
Employee Signature:	Employee Phone Number:	Employee Email: