

BRIGHAM YOUNG UNIVERSITY INJURED EMPLOYEE STATEMENT

If you already completed this form at the Student Health Center,
you do not need to fill it out again.

****Please note that the completion of this form does not constitute an admission of liability by BYU. Information from this form is critical for the processing of your claim. Please submit the form to the Risk Management & Safety Department (RMSD) via email to incident_mgmt@byu.edu (or in person at the Risk Management & Safety Office 104 RMB, Provo, UT 84602).****

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE

Today's Date:	Employee Name:	BYU ID Number:
Department:	Supervisor's Name:	Did you notify your supervisor? ☐ YES ☐ NO
Date of Injury:	Time of Injury (approx.): am/pm	Location of Injury:
Specifically, describe the injury and part of body affected (ex. cut to the left ring finger):		Do you need medical treatment? ☐ YES ☐ NO If yes, where did you receive it?
Briefly, describe how the injury happened:		
Employee Signature:	Employee Phone Number:	Employee Email: