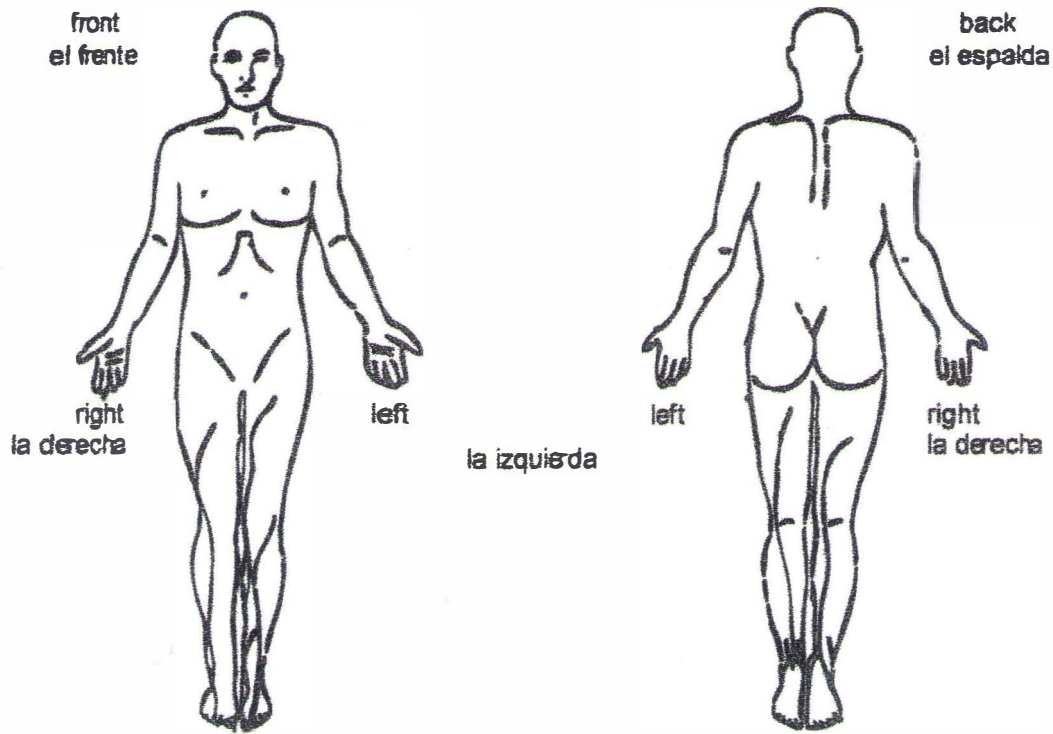# EMPLOYEE INJURY REPORT
BODY DIAGRAM

PLEASE INDICATE BY PLACING SMALL X'S IN THE AREA WHERE YOU HAVE PAIN.

POR FAVOR MARQUE CON UNA (X) EL AREA DONDE TIENE DOLOR.

front
el frente

back
el espalda

right
la derecha

left

la izquierda

left

right
la derecha

Name:_____

Department/Division:_____

Date of Injury:_____