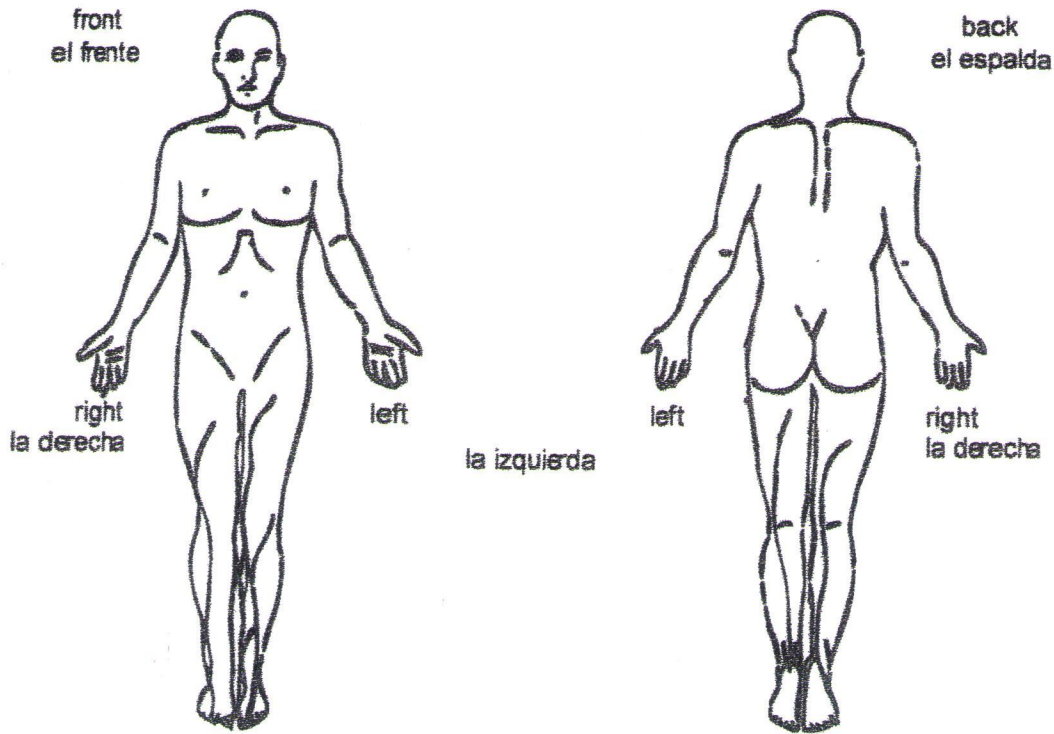


# EMPLOYEE INJURY REPORT BODY DIAGRAM

**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.**



Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Date of Injury: \_\_\_\_\_