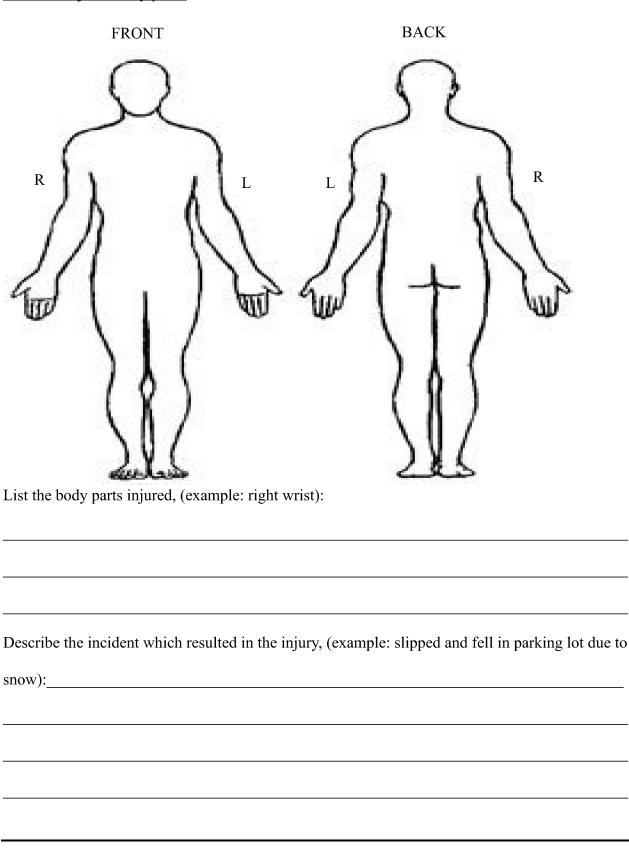
## **Employee's Description of Injury**

Circle all injured body parts.



Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_

Employee's Name: