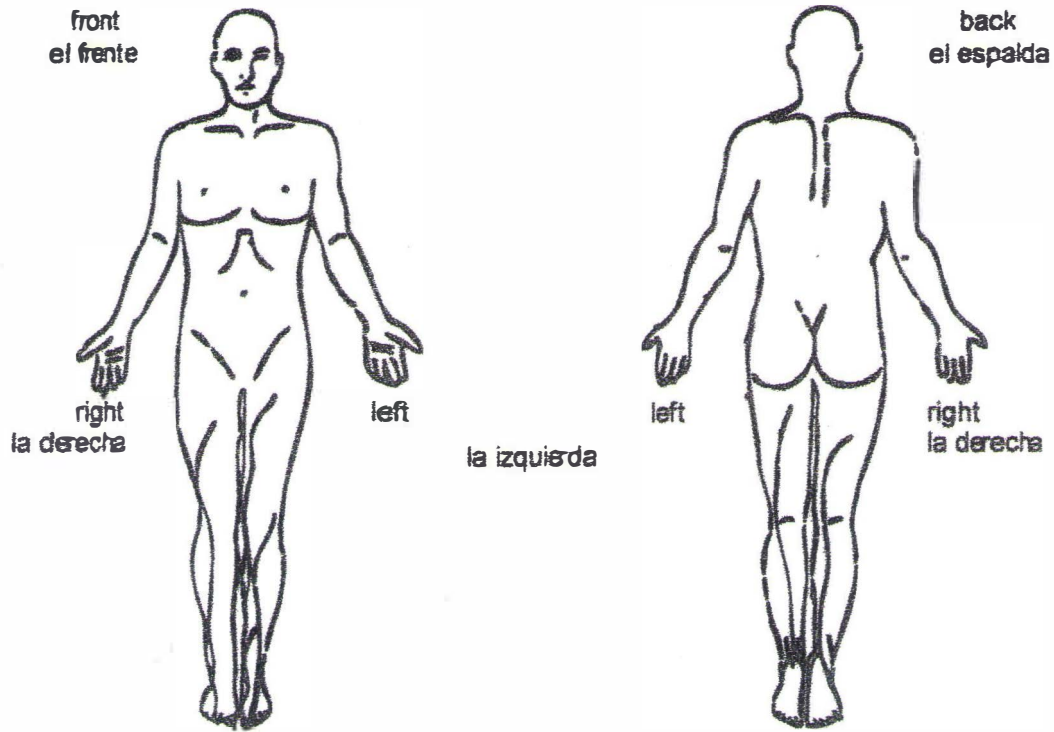


EMPLOYEE INJURY REPORT BODY DIAGRAM

**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: _____