



Weslaco Independent School District

Risk Management Department



Telephone (956) 969-6530
Fax (956) 973-2500

319 West 4th Street
P.O. Box 266
Weslaco, TX 78599-0266

Nurse's Report of Employee Accident or Incident

Name of Injured Employee: _____ S.S. or Employee ID no.: _____

Date of Accident: _____ Time of Accident: _____ A.M. / P.M.

Campus/Location of Accident/Incident: _____ Employee's position: _____

Description of Injury: _____

Body Parts Affected: _____

Vital Signs: B/P _____ / _____ Temperature _____ Respiration _____ Pulse _____

First Aid Administered: _____

Evaluation of Injury: _____

Did this employee require further medical attention: ☐ Yes ☐ No, **RECORD ONLY**

If Yes, was ambulance called: No / Yes, transported to: _____ or sent to Risk Management: _____

Name of Nurse: _____ ☐ RN ☐ LVN

Nurse Signature

Date Signed