



# Weslaco Independent School District

## Risk Management Department

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



*Dr. Priscilla Canales*  
Superintendent of Schools

### 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