

Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease

Simulated Texas Division of Workers' Compensation Form-041 (for training only)

*Simulated training document only — not an official Texas DWC form and not a live claim file.***Employee Information**

Employee Name	Nicole Moore
Address	2280 Sycamore Ave, Austin, TX 78704
Date of Birth	11/04/1987
Telephone	(512) 555-1234 (sample Texas number)
Job Title	Residential Counselor / Direct care staff

Employer Information

Employer Name	Evergreen Wellness Center
Employer Address	1450 Evergreen Way, Austin, TX 78701

Injury Information

Date of Injury	09/12/2024
Time of Injury	Approximately 7:15 p.m.
Address Where Injury Occurred	Main interior stairwell, Evergreen Wellness Center, 1450 Evergreen Way, Austin, TX 78701
Describe How the Injury or Occupational Disease Happened	While escorting a resident down the stairwell at Evergreen Wellness Center in Austin, Texas, the resident suddenly stopped and pulled back on my left arm. I missed a step, twisted my left foot and knee, and lurched forward, striking my left knee and jarring my low back. I caught myself with my right hand on the handrail and did not fall completely to the landing.
Body Parts Affected	Lumbar spine / low back; Left hip; Left knee (later additional complaints of right shoulder pain and psychological stress).
Did You Stop Working Because of This Injury?	Yes. I completed my shift on 09/12/2024 and was taken off work beginning 09/13/2024 by the occupational health clinic in Texas.

Medical Care

First Treating Doctor/Clinic	Lone Star Occupational Health (Austin)
Clinic Address	815 Industrial Way, Austin, TX 78744
Date First Seen	09/13/2024

Employee Certification (Simulated)

Employee Signature	_____ (simulated)
Date Signed	09/13/2024

For Employer / Carrier Reference Only

Claim Number	25004567
Carrier / Administrator	Summit Claims Services for WestShield Employers' Safety Group