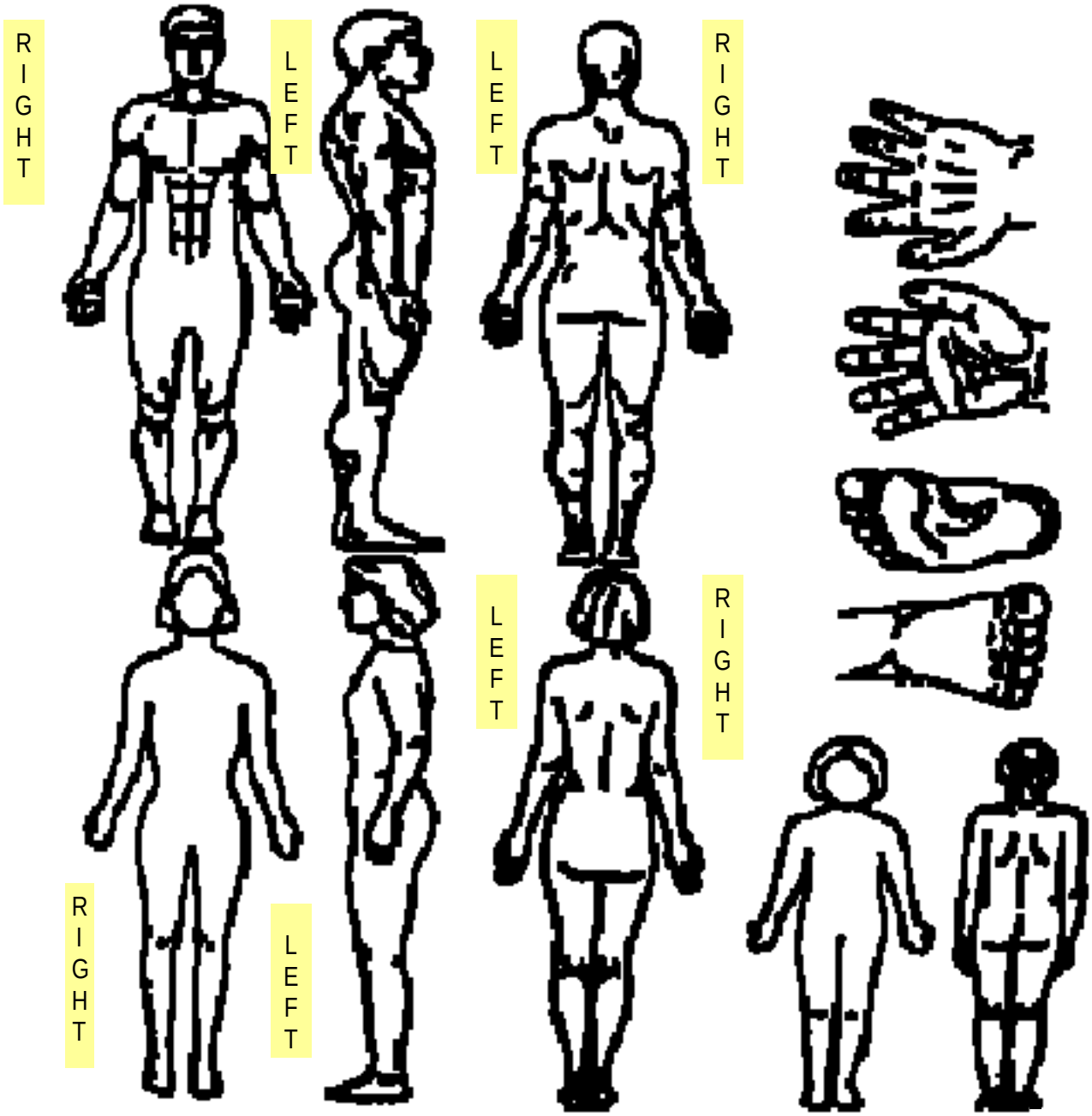
# CITY OF EDINBURG
# BODY DIAGRAM

INJURED EMPLOYEE'S NAME/TITLE: _____

DATE OF INJURY: _____

INJURED EMPLOYEE'S SIGNATURE: _____

PLEASE HAVE EMPLOYEE INITIAL INJURED BODY PART/PARTS.