

You are responsible for answering all questions on the Employee's Work Injury Report accurately and in detail. This will make the processing of your claim both accurate and timely. This completed report should be given to the workers' compensation contact within 24 hours of your work-related injury.

Employee's Work Injury Report

Personal	Name _____ Social Security Number _____ Address _____ Birth Date _____ Sex M <input type="checkbox"/> F <input type="checkbox"/> City, State _____ Zip _____ Telephone _____ Married <input type="checkbox"/> Single <input type="checkbox"/> Number of Dependents _____ Home/School _____ Family Physician _____ Telephone Number _____
Employment	Job Title _____ Employment Date _____ Salary/Hourly Rate _____ Hours Worked Per Day _____ Building Location _____ Time Work Day Begins _____
Injury/Illness	Date of Injury _____ Time of Accident _____ Where in the facility/job site did this injury occur? _____ What were you doing when injured? _____ How did the injury occur? _____ Describe the injury or illness in detail and indicate that part of the body affected (Designate right or left if appropriate) _____ Any previous similar injury? If yes, explain. _____ Was this injury witnessed? If so, by whom? _____ Did you lose time from work? Yes <input type="checkbox"/> No <input type="checkbox"/> Date(s) missed _____ Have you returned? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what was the date? _____
Treatment	Medical Facility _____ Diagnosis/Care Prescribed _____
Contact	You must notify the workers' compensation contact, _____ when you return to work. Call () - Employee Signature _____ Date _____