

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	Employee# _____	
	Name _____	Social Security Number _____
	Address _____	Birth Date _____ Sex: M ___ F ___
	City, State _____	Zip _____ Telephone _____
	Married ___ Single ___	Number of Dependents _____ Home/School _____
	Family Physician _____	Clinic Telephone Number _____
	Are you currently entitled to Medicare Benefits? N ___ Y ___	Medicare #(HICN) _____
	Have you applied for Medicare or SSDI? N ___ Y ___	Pending ___ Rejected ___

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 the part of the body affected. (Designate right or left if appropriate.)	
	<u>Any previous similar injury? If yes, explain:</u> _____	
	Was this injury witnessed? If so, by whom? _____	
Did you lose time from work? Yes ___ No ___ Dates (s) missed _____		
Have you returned? Yes ___ No ___ Dates (s) missed _____		

Treatment	Medical Facility _____
	Diagnosis/Care Prescribed _____

Contact Info	When you return to work, you must call your assigned adjuster.
	Employee's Signature (PRINTED) _____
	Employee's Signature _____
Date _____	