

WORK-RELATED INJURY

Who do you work for? _____

Job location _____

What is your job title? _____

Describe your job activities: _____

When did this injury occur? Date ____/____/____

Is this a reagravation of a longer-term problem?...yes()..no()

How long have you had this problem? _____

Have you ever injured this area before?..yes()..no()

Did you report this to your supervisor?..yes()..no()

Did your company declare this work-related?..yes()..no()

Who is the contact person or nurse specialist managing your claim? _____

Did the company doctor see you for this claim?..yes()..no()

Did any doctore treat you for this..yes()..no()

Were you off work for this?..yes()..no() How long? _____

Are you still off work?..yes()..no() Last date worked? _____

Are you on light duty?..yes()..no() Is it available..yes()..no()

What are your restrictions? _____

Describe why this is work-related (in your own words)
