INJURED EMPLOYEE INFORMATION FORM

(PLEASE PRINT)

EMPLOYEE NAME: _____ DATE OF BIRTH: _____
SOCIAL SECURITY NO: _____ INJURY DATE: _____

NAME OF EMPLOYER: _____

MARITAL STATUS: _____ # OF DEPENDENTS: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

Please describe how the injury occurred: _____
_____
_____
_____
_____
_____(use back of sheet if more room is needed)

List names & address or phone numbers of any witness:
_____
_____

What is your job title and job duties?: _____
_____
_____

Where were you first taken for treatment of this injury?: _____

What physicians have you seen for this injury?: _____
_____

What is the name, phone number and address of your family physician?: _____
_____

What injuries did you sustain due to this accident?: (i.e.:body part injured?): _____
_____

Have you ever injured this body part before?: ___ yes ___ no. If yes: when: _____

What type of tests have the doctors done at this time?: _____
_____

Have you been released by the doctor at this time? _____ yes _____ no
*if yes date of doctor's release: _____

EMPLOYEE INFORMATION FORM NAME: _____

Please list all sports activities or hobbies you have.:_____
_____

Where did you work for before this employer?: _____
_____

Have you ever filed a workers' comp claim before?:___ NO ___Yes (date:_____)
What was the injury for which you filed the claim?:_____
Did you receive a settlement for that injury?: ____NO ____YES Amount:_____
Name of doctor that treated you for that injury.:_____

Do you have a high school diploma?: ___ YES ___ NO
Did you complete a G.E.D.? ___ YES ___ NO
Do you have any vocational training? ___ NO ___ YES--Type: _____
Have you ever been in the military? ___ NO___ YES--Which branch: _____

Please list any medical conditions you may have that not related to this injury
(ie: highblood pressure): _____
_____

Please list all medications that you are currently taking.: _____
_____
_____

Besides workers' comp what other sources of income are you currently receiving?
_____

Are you right or left handed? _____ Right _____ Left _____ Ambidextrous

*I have completed and read the above and find it to be true and correct to the best of my knowledge**

_____
Signed

_____
Date

_____
Witness

**Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance*