

WORKER'S COMPENSATION HISTORY

PREVIOUS WORK HISTORY:

Gain a detailed description of services or work performed for each source of employment for the preceding 10 years. _____

Was a pre-employment exam performed or required? Yes No

Date: _____ Doctor: _____

Place _____

Have you ever applied for worker's compensation benefits before? Yes No

Date: _____ Reason: _____

What was the time loss from work? _____

State the degree of recovery for each: _____

Have you retained any legal counsel for this injury? Yes No For previous injury? Yes No

PRESENT INJURY:

Date present injury was received: _____

What is job classification of normal job? _____

Were you doing a normal job duty? _____

How long have you been at present job? _____

What shift were you working? _____

Time of accident? _____

Were you on overtime? Yes No

Average work week? Hours: _____ Days: _____

Who saw the accident? Name: _____ Title: _____

Name: _____ Title: _____

Who reported the accident? Name: _____ Title: _____

Name: _____ Title: _____

What medical attention was rendered? _____

By whom? Nurse: _____ M.D.: _____

D.O. _____ D.C.: _____

Other employee: _____ Other: _____

INJURY DESCRIPTION:

How did the injury occur? _____

Chief complaints: Symptoms: _____

If working on a machine, give the size: _____

Height, weight, length: _____

Foot or hand levers? _____

Did you work overhead? _____

Straight on or under? _____

Movements on the job - were they to the right, left, up, down, under, over? _____

Do you pick up or lift? _____

If you lift, how much? _____

How often do you lift? _____

From where, in what, to where? _____

Do you lift from the ground, bench, platform? _____

Pallet, box or other? (Please describe) _____

Do you lift out of a machine? _____

If working at a machine do you? Sit Stand Kneel

If so, onto what? _____

Is the work area cluttered? _____

If so, with what? _____

Is the work area? 1/2 Oily Dirty Slippery

In your job do you push or pull? _____

If yes, give specifics: _____

Do you use a cart? Two-wheel Four-wheel

Construction of cart: _____

Type of wheels? Rubber Steel Plastic

Repair of cart: _____

Number of carts being pushed or pulled at one time? _____

The total amount of weight being pushed or pulled on a daily basis? _____

