

# 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? \_\_\_\_\_