PLEASE COMPLETE IN THE CASE OF DIAGNOSED INJURY

If the incident resulted in injury, please indicate type(s) of injury by checking appropriate box(es) below:

- ☐ abrasion
- ☐ amputation
- ☐ arc welders burn
- ☐ bite/sting (animal/insect)
- ☐ bruise/contusion
- ☐ burn (chemical)
- ☐ burn (electrical)
- ☐ burn (fire/heat)
- ☐ concussion
- ☐ crush
- ☐ cut
- ☐ dislocation
- ☐ electric shock
- ☐ foreign body
- ☐ fracture
- ☐ hernia
- ☐ hyperextension
- ☐ hyperthermia
- ☐ hypothermia
- ☐ inflammation
- ☐ ingestion poisoning
- ☐ irritation
- ☐ itch/rash/boil/sore
- ☐ jam
- ☐ laceration
- ☐ pinch
- ☐ puncture
- ☐ rupture
- ☐ separation
- ☐ sprain
- ☐ strain
- ☐ tear
- ☐ toxic exposure
- ☐ toxic inhalation
- ☐ wrench/twist
- ☐ other (describe below)

If the incident resulted in injury, please indicate the body part(s) affected by checking the appropriate box(es) below:

☐	abdomen				
☐	ankle···	☐	left	☐	right
☐	arm···	☐	left	☐	right
☐	back				
☐	calf···	☐	left	☐	right
☐	chest				
☐	ear···	☐	left	☐	right
☐	elbow···	☐	left	☐	right
☐	eye···	☐	left	☐	right
☐	face				
☐	finger···	☐	left	☐	right
☐	foot···	☐	left	☐	right

☐	groin				
☐	hand···	☐	left	☐	right
☐	head				
☐	hip···	☐	left	☐	right
☐	jaw				
☐	knee···	☐	left	☐	right
☐	liver				
☐	lungs				
☐	mouth				
☐	neck				
☐	nose				
☐	rib···	☐	left	☐	right

☐	scalp				
☐	shoulder···	☐	left	☐	right
☐	skull				
☐	spleen				
☐	tailbone				
☐	thigh···	☐	left	☐	right
☐	thumb···	☐	left	☐	right
☐	toe···	☐	left	☐	right
☐	wrist···	☐	left	☐	right

☐	systemic				
☐	not specified				

Please provide any notes/comments regarding current diagnosis/treatment of illness/injury, expected course of treatment, and expected course and degree of recovery.

If Not Fit for Duty, please provide your best estimate for each of the following:

Anticipated date: return to limited type of work: _____

Anticipated date: achieve maximum medical improvement: _____

Anticipated date: return to full duty: _____