

Equilibrium Health + Wellness

Today's Date: _____/_____/_____

Worker's Compensation Report

1. What was the date of the injury?
2. What time did the injury occur?
3. What is the name and contact information of your employer?
4. What is the name and contact information of your attorney?
5. Please describe your incident.
6. Did you report the incident to your supervisor?
7. What is your supervisor's name?
8. Did your employer send you to a doctor? If yes, what is the doctor's name and contact information?
9. Did you go to a doctor on your own? If yes, what is the doctor's name and contact information?
10. Are there any other problems that affect your employment?
11. Does your job cause you to favor one side of your body?
12. Before the injury, were you capable of performing equal work with others your age?
13. Have you injured this area before?