



TYPE OF INJURY CODE

PART OF BODY AFFECTED CODE

CAUSE OF INJURY CODE (ENTER CODES, IF KNOWN)

Grid for injury codes

TYPE OF INJURY OR ILLNESS

Grid for injury or illness

PARTS OF BODY AFFECTED

Grid for parts of body affected

CAUSE OF INJURY

Grid for cause of injury

DID INJURY OR ILLNESS OCCUR ON EMPLOYER'S PREMISES?

YES   
NO

IF OUT OF STATE, SPECIFY STATE OF INJURY

Grid for state of injury

WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?

YES   
NO

WERE SAFEGUARDS OR SAFETY EQUIPMENT USED?

YES   
NO

ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

Text box for equipment and materials used

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES DIRECTLY RESPONSIBLE.

Text box for description of injury or illness

IF FATAL, GIVE DATE OF DEATH

Grid for date of death (MONTH, DAY, YEAR)

INITIAL TREATMENT:

- NO MEDICAL TREATMENT
MINOR BY EMPLOYEE
CLINIC / HOSPITAL
PANEL PHYSICIAN
EMPLOYEE PHYSICIAN
EMERGENCY CARE
HOSPITALIZED MORE THAN 24 HOURS

PHYSICIAN/HEALTH CARE PROVIDER

Form for physician/health care provider details (FIRST NAME, LAST NAME, STREET, CITY, STATE, ZIP)

HOSPITAL NAME:

Form for hospital name details (STREET, CITY, STATE, ZIP)

POLICY PERIOD FROM:

Grid for policy period from (MONTH, DAY, YEAR)

POLICY PERIOD TO:

Grid for policy period to (MONTH, DAY, YEAR)

POLICY/SELF INSURED NUMBER:

Grid for policy/self insured number

WITNESS FIRST NAME

Grid for witness first name

WITNESS PHONE NUMBER

Grid for witness phone number

WITNESS LAST NAME

Grid for witness last name

PERSON COMPLETING THIS FORM:

Form for person completing form (NAME, TITLE, PHONE)

INSURANCE CARRIER OR THIRD PARTY ADMINISTRATOR (IF SELF-INSURED)

Form for insurance carrier details (NAME, STREET, CITY, STATE, ZIP, BUREAU CODE, FEIN)

DATE PREPARED

Grid for date prepared (MONTH, DAY, YEAR)



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Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165.