

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

**JOB CONDITIONS:**

Type of building: \_\_\_\_\_

Type of floor:  Rough  Smooth  Wood  Concrete  Steel

Type of windows: \_\_\_\_\_

Type of ventilating in the building: \_\_\_\_\_

Type of lighting in the building: \_\_\_\_\_

Are you tired when you go home at night? \_\_\_\_\_

Do you have outside jobs? \_\_\_\_\_

Do you participate in any company sponsored programs such as exercise, sports, etc? \_\_\_\_\_

Is it a union shop or a non-union shop? \_\_\_\_\_

Have you had to hire outside help? \_\_\_\_\_

Example: Cleaning, grass cutting maintenance, etc.? \_\_\_\_\_

How many employees in the plant? \_\_\_\_\_

How many employees per shift? \_\_\_\_\_

How many other employees do your job? \_\_\_\_\_

What is the injury ratio for that job? \_\_\_\_\_

Do you like your job? \_\_\_\_\_

If off work, do you want to return to your job? \_\_\_\_\_

What changes would you make in your job? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE WORK:**

Sit at desk \_\_\_\_\_, walk \_\_\_\_\_, stand \_\_\_\_\_, other \_\_\_\_\_

What % \_\_\_\_\_

Stand, stoop, hold, carry: \_\_\_\_\_

Operate other machine \_\_\_\_\_ What type? \_\_\_\_\_

**MARK  
PAIN AREA**  
+++ Burning  
000 Stabbing  
--- Sharp  
!!! Constant

