



WORKERS' COMPENSATION QUESTIONNAIRE

1. Nature of Injury/Part of body injured _____

2. Hour you work per day _____

3. Days you work each week: (please check)

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

4. What time did you begin work on the day of the injury? _____

5. Time of injury _____

6. Date of first **full day** employee lost from work _____

7. Date stopped work because of injury _____

8. Was medical care provided? _____

9. Were you treated in an emergency room? _____

10. Were you hospitalized overnight? _____

11. Name and address of Physician _____

12. Name and address of Hospital _____

13. Dates you were out of work from injury _____

14. Are you still under the care of a Physician? _____

15. What is the Physician's name? _____

16. Have you returned to work? _____

17. What are your average earnings per week? _____