



REHABILITATION INDIVIDUAL REPORT OF INJURY INSTRUCTIONS

PURPOSE

For use by Vocational Rehabilitation Staff for Vocational Rehabilitation eligible individuals participating in sponsored community work experience, to secure written documentation of an injury directly from the individual/worker.

PREPARED BY

Individual/Worker that is reporting an injury.

INSTRUCTIONS

Name: Enter worker/individual name (first name, middle initial and last name).

Date of Injury: Enter the two-digit month, two-digit day and four-digit year the injury occurred.

Time of Injury: Enter the two-digit hour and two-digit minute followed by the morning sign (AM) or afternoon/evening sign (PM) the injury occurred (example: 04:25 PM or 12:15 AM).

Place Injury Occurred (Worksite name, Address and Location): Enter the exact worksite name, address to include the street address, PO Box, city, state and five digit zip code and specific location area within the worksite that the injury occurred.

Description How Accident/Injury Occurred: Enter a detailed description of how the accident or injury occurred.

Describe Your Injuries: Enter a detailed description of the injury.

Individual/Worker signs and dates the form.

Supervisor/Manager at the worksite should witness by signing the form.

DISTRIBUTION

Original: Case Record