



TYPE OF INJURY CODE

PART OF BODY AFFECTED CODE

CAUSE OF INJURY CODE (ENTER CODES, IF KNOWN)

[Grid for injury code]

[Grid for body part code]

[Grid for cause of injury code]

TYPE OF INJURY OR ILLNESS

[Grid for injury or illness description]

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

[Large text area for equipment used]

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

[Large text area for description of incident]

IF FATAL, GIVE DATE OF DEATH

[Grid for date of death with labels 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 name and address: FIRST NAME, LAST NAME, STREET, CITY, STATE, ZIP]

HOSPITAL NAME:

[Form for hospital name and address: STREET, CITY, STATE, ZIP]

POLICY PERIOD FROM:

[Grid for policy period from with labels MONTH, DAY, YEAR]

POLICY PERIOD TO:

[Grid for policy period to with labels 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:

NAME:  
TITLE:  
PHONE:

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

NAME:  
STREET  
CITY STATE ZIP  
BUREAU CODE: FEIN:

DATE PREPARED

[Grid for date prepared with labels 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.