

EMPLOYEE'S REPORT OF INCIDENT AND BACK INJURY

To be completed when a back injury is reported and sent to
workplaceinjury@cscce.edu

PLEASE PRINT IN INK

Employer:

Name _____	Employee CID _____
Home Address _____	Birth date _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City/State/Zip _____	Telephone: () _____
Occupation _____	Department _____

What part of your back hurts now? _____

When did you first notice this back pain? Date _____ Time _____ am pm

What were you doing at that time (explain in detail)? _____

If you were lifting an object, what was it and how heavy? _____

What was your exact position when pain was first noticed? _____

What did you feel? _____

What was the length of time between the injury and your disability, if any? _____

Did anyone see you get hurt? Yes No If yes, who? _____

Did you report or mention this injury to anyone? Yes No If yes, who? _____ When? _____

Did you ever have a back injury before? Yes No If yes, when? _____

What part of your back? _____

Were you ever treated for your back by a doctor? Yes No If so, when? _____

Has it given you further trouble since then? _____

Have you ever received or filed for compensation because of a back injury? Yes No

Any other injury? Yes No If yes, list Bureau of Workers' Compensation claim number(s) _____

Medical Release

Under current workers' compensation provisions, the employer is entitled to a signed medical release

I hereby authorize any person or persons who have in the past or will in the future medically attend, treat or examine me, or any person who may have information of any kind which may be used to reach a decision in any claim for injury or disease arising from the injury/illness described above, to **disclose such information** to my employer, my employer's managed care organization, or to my employer's designated representative, **CompManagement, Inc.** A copy of this form will serve as the original.

Employee Name (print) _____

Employee Signature _____

Date (required) _____